







**STATISTICAL APPENDICES**  
**TO**  
**ANNUAL REPORT**  
**OF THE**  
**DIRECTOR GENERAL OF**  
**HEALTH SERVICES**  
**FOR THE YEARS 1948 & 1949**  
**PART I**



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GOVERNMENT OF INDIA  
MINISTRY OF HEALTH



REPORT  
OF THE NURSING COMMITTEE TO REVIEW  
CONDITIONS OF SERVICE, EMOLUMENTS,  
ETC. OF THE NURSING PROFESSION



# TABLE OF CONTENTS

	PAGES.
1. Orders of the Government of India appointing a Committee to review the conditions of service, emoluments etc. of the nursing profession	1-2
2. Report of the Nursing Committee . . . . .	3-24
3. Summary of recommendations . . . . .	25-27
4. Appendices :	
I Note for the Committee appointed to review conditions of Service, emoluments etc. of the nursing profession . . . . .	28-36
II Report of the Visiting Committee appointed by the Nursing Committee . . . . .	37-40
III Minutes of the meeting of the Nursing Committee held on 20th August 1954 at New Delhi . . . . .	41-45
IV Minutes of the 2nd meeting of the Nursing Committee held on 25th November 1954 at Bombay . . . . .	46-49
V Number of training Centres and Staff for training and Supervision of students in training schools (1953) . . . . .	50-51
Statement showing number of nurses, midwives etc. who qualified in 1953 and number of training centres . . . . .	52
VI Scales of pay, allowances and other concessions admissible to Nursing Staff in part A, B, C, & D States in India . . . . .	53-72





No. F. 11-5/54-M.  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH

*New Delhi-2, the 19th May, 1954*

FROM

SHRI BABU RAM,

*Under Secretary to the Government of India,*

TO

The Director General of Health Services,  
New Delhi.

SUBJECT:—*Appointment of a Committee to review the conditions of service, emoluments etc., of the nursing profession in pursuance of the resolution passed at the second meeting of the Central Council of Health at Rajkot.*

SIR,

With reference to the correspondence resting with your memorandum No. 64-5/54-PHI, dated the 8th May, 1954, on the subject mentioned above, I am directed to convey the sanction of the President to the appointment of a Committee with the following composition, to review the conditions of service, emoluments, etc. of the nursing profession, in pursuance of the resolution passed at the second meeting of the Central Council of Health held at Rajkot on 8th, 9th and 10th February 1954:—

*Chairman*

1. Minister of Health, Madras.

*Members*

2. Minister of Health, Uttar Pradesh or his representative.
3. Minister of Health, West Bengal or his representative.
4. Minister of Health Bombay or his representative.
5. Minister of Health, Orissa or his representative.
6. Minister of Health, Punjab or his representative.
7. Minister of Health, Assam or his representative.

*Secretary*

8. Miss T. K. Adranvala, Chief Nursing Superintendent, Directorate General of Health Services.
2. The terms of reference to the Committee are as follows:—
- (i) To survey the existing facilities for teaching in nursing, conditions of work and emoluments of the various grades of nurses.

- (ii) To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specific measures to overcome the shortage. The Committee should particularly examine whether teaching cannot be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualifications can be lowered without materially effecting adversely the quality of service rendered to the community by the nurses.
- (iii) To examine the existing conditions of service and emoluments admissible to nurses in the various State and State aided institutions and to make suitable recommendations for their improvement so as to attract educated young women from good families to the profession. In making these recommendations, the Committee should keep in view the financial resources of the States so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country.

3. The Committee should submit its report to the Government of India within six months after its appointment.

4. The Chairman is authorised to engage a stenographer and a clerk both part time as and when necessary from the staff of the local Directorate of Health Services. The expenditure involved will be borne by the Government of India.

5. The expenditure on travelling and daily allowances of the chairman and members in connection with the meetings of the Committee should be met by the respective state Governments.

6. The expenditure involved will be met out of the budget provision for the Directorate General of Health Services for the year 1954-55. Re-appropriation orders to cover the expenditure will be issued in due course.

Yours faithfully,  
BABU RAM,  
Under Secy.

No. F. 11-5/54-M.

Copy, with 24 spare copies forwarded to the Ministry of Finance for information and communication to the Accountant General Central Revenues/Accountant General Punjab, U.P. etc.

The sanction has been accorded by this Ministry with the concurrence of the Ministry of Finance *vide* their u.o. No. 2537-EGV/54 dated 18-5-54.

Copy forwarded for information to the P.I.O. It is requested that necessary publicity may kindly be given to the orders conveyed in this letter.

By order,  
BABU RAM,  
Under Secy.

Copy to the Planning Section.

## REPORT OF THE NURSING COMMITTEE APPOINTED BY THE CENTRAL COUNCIL OF HEALTH TO REVIEW THE CONDITIONS OF SERVICE, EMOLUMENTS OF THE NURSING PROFESSION.

1. The initial move for the appointment of the Nursing Committee was made by the Union Minister for Health, Rajkumari Amrit Kaur, in her inaugural speech at the second meeting of the Central Council of Health held at Rajkot on 8th, 9th and 10th February, 1954. She emphasised the importance of good nursing and drew attention to the many factors that hindered its development. Her suggestion that a small Committee be appointed to investigate the situation and make suitable recommendations was accepted by the Central Council of Health, who resolved to recommend it to Government.

2. In pursuance of this resolution, the Government of India gave sanction on May 19, 1954, to the appointment of a Committee constituted as follows:—

### *Chairman*

1. Minister of Health, Madras.

### *Members*

2. Minister of Health, Uttar Pradesh or his representative.
3. Minister of Health, West Bengal or his representative.
4. Minister of Health, Bombay or his representative.
5. Minister of Health, Orissa or his representative.
6. Minister of Health, Punjab or his representative.
7. Minister of Health, Assam or his representative.

### *Secretary*

8. Miss T. K. Adranvala, Chief Nursing Superintendent, Directorate General of Health Services.

3. The terms of reference of the Committee were as given below:—

- i. To survey the existing facilities for teaching in nursing, conditions of work and emoluments of the various grades of nurses.
- ii. To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specific measures to overcome the shortage. The Committee should particularly examine whether teaching cannot be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualifications can be lowered without materially affecting adversely the quality of service rendered to the community by the nurses.
- iii. To examine the existing conditions of service and emoluments admissible to nurses in the various States and State aided institutions and to make recommendations for their improvement so as to attract educated young women from good families to the profession. In making these recommendations, the Committee should keep in view the financial resources of the States so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country.

As nursing covers a wide range of activities, we considered that the term "various grades of nurses" be interpreted broadly to cover all persons engaged in nursing duties who undergo a formal course of training, namely nurses, midwives, health visitors and auxiliary nurses and midwives, and have therefore included these categories in our survey and recommendations.

4. *Method of inquiry.*—As the time at our disposal was short we decided that information on existing conditions and opinions on various matters affecting nursing should be obtained by circulating a questionnaire to all State Governments, Nurses Registration Councils, and individual nurses in responsible positions whose names were recommended by the Trained Nurses Association of India. To facilitate early replies a note containing the available information on existing conditions of training and service, including statistics on nursing, was also circulated with the questionnaire (Appendix I). The replies received were as shown below:—

12 from State Government.

16 from Administrative Medical Officers.

53 from nurses' Registration Councils.

33 from individual nurses.

The information and opinions given in the replies have helped us greatly in making our recommendations.

5. We also appointed a Visiting Committee, consisting of Col. Sangham Lal, Director of Medical Services, Madras; Dr. H. B. N. Swift, Director of Health Services, Punjab and Miss T. K. Adranvala to visit training centres and interview nurses and other connected with nursing. The Committee visited training centres in Lucknow and Calcutta and discussed nursing conditions with the Administrative Medical Officers, Superintendents of Nursing Services, Medical and Nursing Superintendents, the representatives of different grades of nurses, including the nurses of W.H.O. teams. The Visiting Committee's report and recommendations (Appendix II) were approved by the Nursing Committee.

6. *Meetings.*—Two meetings have been held, the first in Delhi and the second in Bombay. The Minutes of the meetings are appended (appendix III & IV). The gist of the discussions and the decisions made at the meetings are embodied in the recommendations given later in this report.

#### SURVEY OF EXISTING FACILITIES FOR TEACHING IN NURSING, CONDITIONS OF WORK AND EMOLUMENTS OF THE VARIOUS GRADES OF NURSES.

7. *Existing facilities for teaching.*—There are 273 training schools in India for nurses and midwives including two Colleges which give a course leading to a B.Sc. degree in nursing. There are nine schools for health visitors. A statement showing the number of training schools in each State, the number of students under training and the number of nurses, midwives and health visitors who qualified in 1953 is attached (Appendix V).

8. *Basic courses.*—The basic courses are:—

(1) General nursing; duration of the course is three years;

- (2) Midwifery; minimum duration of the course is six months for trained nurses, 18 months for others;
- (3) Health visitors; duration of the course is 12 to 18 months, for qualified midwives. As the duration of the midwifery course is 18 months, a candidate undergoes training for 2½ to 3 years before she can qualify as a health visitor.
- (4) Auxiliary Nurse and Midwife; duration of the course is two years.

9. We were informed that other courses, below the level of those for the fully trained nurse and midwife, are also being given, namely, junior or B Grade courses for nurses and midwives, courses for nurse-dais and for assistant midwives. The Indian Nursing Council has recommended that all these various courses, including the course in midwifery alone, be replaced by the course for Auxiliary Nurse and Midwife, so that there are only two grades: the fully qualified nurse and midwife who has undergone training for 3½ to 4 years, and the Auxiliary Nurse and Midwife who has undergone training for 2 years.

10. The Indian Nursing Council has also recommended that the midwifery and health visitors courses be combined into one course and thus, by avoiding duplication, reduce the duration of the course by 6 months.

11. *Post-certificate courses.*—Though the question of post-certificate courses was not included in the terms of reference, we feel that some consideration of this subject is necessary because it has an important bearing on the training of nurses. We found that though there are organised and recognised courses for nurse teachers and administrators, there are no courses for ward sisters. And yet, the ward sister is responsible for most of the teaching and almost all the supervision of the students' practical work, and her attitude towards her work has a considerable influence on the development of good qualities in the students. In replies given to the questionnaire, better preparation for teachers and supervisors has been suggested as one of the measures for attracting good candidates to nursing. The Visiting Committee has also drawn attention to the need for courses in ward management and ward teaching and has recommended that these be established as early as possible.

#### 12. *Minimum requirements for admission to training schools.*

*General Nursing.*—The minimum educational requirement prescribed by the Indian Nursing Council is matriculation or equivalent examination, or, for those who have completed the course of instruction for matriculation or equivalent examination, an entrance examination conducted by Nurses' Registration Councils. This requirement has not been enforced yet in all training centres. About 100 training schools admit only matriculate candidates. A number of other schools also get candidates of matriculation standard, but do not insist on it for all students. The general opinion, as elicited by the questionnaire and interviews, was that matriculation should be the minimum requirement.

13. The minimum age for admission is 17 years. It has been represented that girls who pass the matriculation examination at the age of 15 or 16 years and wish to become nurses, get diverted to other work because they are not admitted for training until they are 17

*years old. We found, however, that the majority opinion was that the age for admission should not be lowered. It was also felt that if younger candidates were admitted the rate of wastage during training would be higher, as the younger student would find it difficult to cope with the physical and mental strain involved.*

14. *Midwifery.*—For those candidates who are not nurses, the minimum educational requirement varies from VI class to matriculation. Ordinarily, candidates who have passed, or studied upto matriculation, do not take midwifery training only except as a preliminary to the health visitors course. The minimum age for admission to this course varies from 18 to 19 years. There have been requests to lower the age for admission, but again, the general opinion is that it would be undesirable to do so.

15. *Health Visitors.*—The minimum entrance requirements are matriculation and a certificate in midwifery. The candidate is required to have completed her midwifery training before applying for admission to a health school. Under the new training scheme for health visitors, midwifery will be included in the health visitor's course. The minimum age for admission is 18 to 19 years.

16. *Auxiliary Nurse and Midwife.*—The minimum educational requirement is seven years of schooling and the minimum age is 17 years. Only about a dozen training centres have been established for this course.

17. *Availability of candidates and method of recruitment.*—We found that training centres in almost all States get candidates in sufficient numbers. In some States there are a large number of girls who wish to train as nurses; in others the capacity of the training centres is small, so that the few candidates required are obtained without much difficulty. In a few States, only candidates who have had eight or nine years schooling are available, or candidates are only available from outside the State. In only a few instances is there an actual shortage in numbers. The position is different when it comes to the quality of the candidates; most training centres feel that they do not get the "right type", but we found that there were many reasons why the right type of candidate does not take up nursing.

18. The importance of care in selecting candidates needs no emphasis and it seems but reasonable that the Nursing Superintendent and Sister Tutor who are responsible for the training of the student and the service she gives in the hospital, should also be responsible for the selection of the students. We were informed that in a few training centres the Nursing Superintendent or Sister Tutor have no part in the selection of students.

19. The one course for which there has been a marked shortage of candidates has been the course for health visitors. The reason for that lay partly in inadequate facilities for midwifery training, which is a pre-requisite for the health visitors' course. Now that adequate facilities for midwifery training are being provided under the Government scheme for training health personnel for Community Projects, many more candidates are applying for the course and it is expected that the existing health schools will be able to enrol their full quota in the near future.

20. Another factor which affects the recruitment of students for the health visitors course is the lack of any prospects of promotion for health visitors who do not have a certificate in general nursing also. The supervisory and teaching posts are so few that even the health visitors who have higher qualifications, have small prospects of advancement in their own field.

21. *Medium of instruction.*—At present there are about a hundred training centres which teach in the regional languages, training being given in about 12 languages. In the remaining training centres the medium of instruction is English.

Most of the persons who answered the questionnaire were of the opinion that English should be the medium of instruction for nurses, for those midwives who are trained nurses and for health visitors, and that Hindi or the local language should be the medium for midwives and auxiliary nurse midwives. It was considered that the advantages of English at the present time were that a large number of reference books and journals would be available, further study for advanced courses would be facilitated, it would be easier for the nurse to work in different parts of the country and it would be possible for her to collaborate more efficiently with her medical and other colleagues. The advantage of teaching in the regional language was that the students would not have the strain of studying in a language with which they may not be conversant.

Two practical difficulties are met with in conducting the teaching in Hindi or the local language only. Firstly the students who do not continue to use English to some extent, find it difficult to understand doctor's orders, to read case papers and to write reports. The second difficulty is the lack of teachers who are sufficiently conversant in Hindi or the local language to be able to give lectures, though most of them are able to explain difficult points in the student's language.

22. *Conditions of training.*—The training of nurses and midwives corresponds to an apprenticeship. Because the nursing student is paid a stipend during training and given free board, lodging and uniform, she is regarded more as an employee than as a student. Consequently the demands of the hospital have priority, usually, over her needs for proper training. For example, it is not unusual for a student to be assigned to a surgical ward, where there is a shortage, even though she needs experience of medical nursing, or for her to miss lectures because the wards are heavy and she cannot be spared. The nursing and midwifery students are always included when calculating the strength of the nursing staff and, about 75 per cent of the nursing care given to patients in hospitals to which training schools are attached, is given by nursing students.

23. It is an undoubted advantage for the nursing and midwifery students to learn their work by practice in the actual situation provided there is proper teaching and supervision of practical work and sufficient time for study. But because the students provide most of the nursing service in the hospital, only a small number of qualified nurses is employed. The ward sister's time is taken up largely by her administrative duties. In many of the smaller training centres there is no night sister. On both day and night duty, supervision is insufficient and the amount of teaching done on the wards is negligible.



24. *Hours of work.*—An inquiry made last year from 230 training centres showed that in 108 hospitals students work, on day duty, 48 to 54 hours per week, in 56 hospitals they work 55 to 60 hours per week and, in 13 hospitals, more than 60 hours per week. On night duty, in 56 hospitals they work 56 to 70 hours per week, in 102 hospitals they work 71 to 84 hours per week and in 7 hospitals, more than 84 hours per week. In the remaining hospitals the hours are less than 48 per week on day duty and 56 per week on night duty. At least 50 per cent. of the lectures and classes, if not more, have to be taken in the off duty hours. The student gets little leisure for reading, study, or recreation.

25. A major source of dissatisfaction, however, is that overcrowding in the hospitals and shortage of staff prevents the student from putting into practice what she has learnt in the class room. The Visiting Committee reported that:—

“Opinion was unanimous that overcrowding in the hospitals, shortage of staff, especially of ward sisters, a shortage of ordinary supplies to carry out good nursing and long working hours, are the main causes of a poor standard of teaching and practice. The result is that the intelligent and conscientious student is frustrated in her attempts to put teaching into practice and leaves the training school. Many others get into slipshod ways, only a few students learn to make adjustments without sacrificing principles.”

26. The student health visitor is not called upon to give service during her training to the same extent as the student nurse and midwife. Her practical work is planned more with a view to give her the necessary experience rather than to provide a service. Hitherto the experience has been mainly in maternity and child welfare work, but the training is being broadened now to prepare health visitors for the more comprehensive health service that is being developed.

27. *Living conditions.*—There is a general shortage of accommodation and, in some hospitals, the full number of students for whom there is financial provision, cannot be recruited because they cannot be housed. Most of the nurses' homes are crowded, often the furnishings are shabby and, due to lack of proper supervision they present a slovenly appearance. These unsatisfactory conditions for living constitute one of the main factors in deterring educated women from good families from joining the profession.

28. General opinion, as elicited from the questionnaire and interviews, was almost unanimous that students should be resident during training; only two persons were of the opinion that students should live out. It was also considered that they should live near the hospital, as they come on duty early and go off duty late in the day. Some of the reasons why it was considered that students should live in were that most students are young and the training taxes them mentally and physically; if they were resident there would be more opportunities for rest, quiet and study; there would be no domestic duties in the off-duty hours; it would be possible to provide better facilities for recreation and better care of the students' health;

punctual attendance would also be ensured. Residence in a nurses' home would also provide the opportunity to inculcate good habits of personal hygiene and a sense of social responsibility which some of the young recruits have not had a chance to develop before they enter the training school.

29. *Health of the students.*—Most training schools are now providing for an initial physical examination for the student nurses. Provision for periodical examination is not always satisfactory. As the students are constantly exposed to infection and, in the early stage of training, have not learnt how to protect themselves, we consider that proper measures to safeguard their health are necessary.

30. The importance of a proper diet needs no stressing. Institutional food tends to be monotonous, but could be greatly improved by proper supervision. Such supervision was lacking in many training centres and dining rooms, which though expected to be bright and clean, presented a dismal appearance.

31. *Bond of service.*—In some training centres the student is required to execute a bond to serve for a specified period (the maximum is five years) in return for the money spent on her training, even though, by giving service throughout her training, she may be considered to have more than repaid the expenditure incurred on her stipend, board and lodging. Other expenditure on her training, apart from the salary of a sister tutor is negligible.

32. The general opinion on this question was that it is of great value to a young nurse to work for a year or two in the hospital in which she received her training, for it gives her the experience she needs to be able to get a post elsewhere. It also makes it possible to fill the posts in the hospital. What was objected to was the requirement of a long period of service, such as, five years.

33. In this connection it was brought to our notice that though the student agreed to serve the hospital or Government, and though in some cases the registration certificates were withheld until she had fulfilled the conditions in the bond, the authorities were under no obligation to employ the nurse.

34. *Stipends and allowances.*—The usual scale of stipends is about Rs. 15—5—30. This seems satisfactory as the aim is to give the student a sum sufficient for personal expenses. Students are also given free quarters and allowances for board, uniform and laundry. There is a considerable variation in these. The general opinion was that the allowances should be sufficient for the purpose for which they are given, i.e. sufficient for a proper diet and for proper maintenance of uniforms. These allowances are paid to the students in cash and they tend to spend them on other items instead of on proper diet and uniform; they need guidance and direction from the Nursing Superintendent in this matter. A statement showing the scale of pay for students is attached (Appendix VI).

35. *Measures to attract good candidates to nursing.*—Many suggestions were received in response to this item in the questionnaire. Almost every one gave priority to better living conditions with provision for privacy and adequate sanitation and supervision of the nurses' home by a home sister or warden.

36. Another suggestion was to raise the educational requirement. The Visiting Committee have made the following observations in their report:—

“As long as candidates with lesser qualifications are admitted to training schools, and the standard of teaching and living is geared accordingly, the better type of girl will not enter the same school. If in the larger training centres at least, e.g. those attached to Medical College Hospitals, an effort was made to admit only those candidates who have passed matriculation in a higher division and showed evidence of a good upbringing, the standard of nursing would be raised appreciably within a few years.”

37. An improvement in the educational programmes for nurses, better planning of clinical experience and enough time and equipment to carry out nursing duties properly, have also been suggested as measures that will attract intelligent candidates. Other suggestions included shorter hours of work, leisure and facilities for recreation, better food and good care of the student's health.

38. It was appreciated that the best recruiting agent is the example of competent and contented nurses. Intelligent young women will not be attracted to a profession that does not offer satisfactory working conditions, opportunities for further study and promotion, security of tenure and emoluments comparable to allied professions.

39. *Marriage*.—The Visiting Committee said in their report that:—

“The practice of admitting married women to the training courses has been found very unsatisfactory. We recommend that ordinarily, married women, unless widowed or separated from their husbands, should not be admitted for training. Students should not be allowed to marry during training period.”

Most persons who answered the questionnaire were of the same opinion, because it was felt that married women who had responsibilities at home, could not give their full time and attention to the training course.

#### SERVICE CONDITIONS AND PAY AND ALLOWANCES FOR TRAINED NURSES, MIDWIVES AND HEALTH VISITORS.

40. *Pay scales*.—Except for a few States there has been an improvement in the pay scales, particularly for nurses, even though they have not kept pace with the rise in the cost of living. There is a wide disparity in the scales of allowances. This causes some dissatisfaction for the fact that nurses get allowances is a factor taken into consideration in fixing the pay scales for nurses. Allowances for board, uniform and washing are not admissible to health visitors, thus, their total emoluments are much less than those for nurses. The pay scales for midwives are low and, usually, they are not given the same allowances as nurses. The result is that though most nurses are also qualified for midwifery, it is not worthwhile for them to take posts as midwives. Midwives are often required

to supervise *dais* and may be left in charge of a Maternity and Child Welfare sub-centre. Few of them are competent for such responsibilities because the low pay does not attract good candidates.

There is a provision now for pension or provident fund in most States.

41. *Shortage of nurses.*—A shortage of nurses is a feature in almost every hospital. The ratio of nursing staff, including students, to hospital beds was 1:15.5 in 1951. It is considered that for a minimum standard of service the ratio should be 1 nurse to 3 patients in hospitals attached to training schools as students are included in the number of nurses; in other hospitals it should be 1 nurse to 5 patients. As a result of this shortage the nursing service is spread out too thinly to be of full benefit to the patient or the community. A staff of four or even six nurses, spread over a period of 24 hours, in a ward of 30 beds—which contains 60 patients—can do little more than carry out certain routine duties. There is no time to give attention to the physical and mental comfort of the patient which is the essence of a good nursing service. Similarly one health visitor for a population of 40 to 60 thousand cannot make much appreciable contribution to public health. There is little mental satisfaction in working under such conditions and the inability to do a proper piece of work leads to indifference.

The usual reason for the shortage is the limited number of posts in hospitals. Nurses and midwives are usually available, particularly if quarters are provided; only a few States report difficulty in obtaining nurses. On the other hand in one or two States a number of nurses and midwives are unemployed. The difficulty in getting nursing staff in small towns and rural areas is due to lack of housing and of amenities provided to nursing staff in cities.

42. *Equipment and supplies.*—The shortage of staff could be offset to some extent by the provision of sufficient equipment and supplies. In many hospitals no provision is made for linen and other supplies for extra patients. Inadequate facilities for sterilizing, such as one hot plate only for all heating purposes in a busy ward, is another time-wasting factor. Similarly a health visitor could accomplish more work if she had facilities for transport. The conveyance allowances are often inadequate to allow her to use freely such public transport as is available.

43. A factor which aggravates the shortage of nursing staff, particularly in hospitals, is the time taken up in non-nursing duties, such as clerical work, collecting room rents, etc. While opinion was found to differ considerably on the question of what constituted non-nursing duties, many of the replies to the questionnaire indicated that the appointment of ward clerks, not necessarily one for each ward, would lead to greater efficiency.

44. *Hours of work.*—These are similar to those for student nurses. If a 48-hour week is introduced, as is desirable, hospital patients would get even less nursing care than they do now, unless there is a corresponding increase in the number of nurses.

45. *Breakages and losses.*—The nursing staff are responsible to make good breakages and losses but there are few safeguards to

prevent these happening. Consequently much time is spent in keeping count of linen and other equipment and as little as possible is put into use. Most persons, who replied to the questionnaire, were of the opinion that a system of central supplies, especially of linen, would help to minimize losses and a better quality of glass-ware and syringes would lessen breakages. Other measures suggested were more attention to teaching the proper care and use of equipment, and a greater check on visitors and other traffic in the hospital.

46. *Living conditions.*—There is a great shortage of accommodation. Because of the long and irregular hours of duty it is desirable that nurses should live near the hospital. Usually, if reasonably good living quarters are offered, there is no shortage of nurses on the staff of that hospital. In some places nurses are allowed to live out. The practice is only satisfactory if they can live near the hospital and do not have too many household responsibilities.

47. Quarters are not always provided for health visitors and for midwives who are not attached to hospitals. This adds to the difficulty of finding nursing personnel for work in small towns and rural areas.

48. *Staff meetings and staff education.*—Comparatively few institutions arrange for regular staff meetings and fewer still have any programme for staff education. However, we found that opinion was unanimous that there should be regular staff meetings for the discussion of problems, as well as to keep the staff informed of administrative policies and obtain their opinions and suggestions on questions affecting the nursing care of patients. It has been suggested that there is a special need for classes in ward administration and also for small reference libraries in each ward.

49. *Prospects.*—Though it is desirable that there be a ward sister in every ward, and one or more assistant matrons in a hospital according to its size, few hospitals have provision to appoint the required number. Consequently only a few nurses can look forward to being appointed to posts which would give them an opportunity to exercise their individual ability and do responsible work. One reason for the difficulty in finding suitable candidates for Matron's posts is the paucity of posts for Assistant Matrons.

The health visitor has practically no prospects of promotion.

50. *Status.*—The granting of Gazetted rank to nurses in senior positions and the introduction of post-certificate courses and courses for a University degree in Nursing, have helped to establish nursing, to some extent in the public eye, as a profession carrying responsibility, and calling for higher education as well as technical skill. Social prejudice against nursing is still evident, but it affects the status of nursing much less than does the attitude of allied professions. However, it is generally felt that improvement in teaching programmes and in the living and working conditions for nursing staff and students, will lead to a more efficient nursing service, and consequently to better status for nursing.

51. *Married nurses.*—A number of nurses continue to work after marriage, usually because of the necessity to augment the family income. This is not a satisfactory practice if they have young children

and household responsibilities. Frequent absences because of some home emergency or maternity leave, throw a heavier burden of work on their other colleagues. It is not unusual for nurses to have to postpone or forego their leave because the married nurse requires maternity leave. Most of the persons who answered the questionnaire were of the opinion that there should be provision for married women to be employed for part-time work and be paid on an hourly basis. Another suggestion was that there should be a separate cadre for married nurses in which they would not hold permanent appointments, but would be granted an allowance to compensate for losing the benefits of permanent service. These suggestions applied only to married women with young children and household responsibilities. It was not the intention that married women who could undertake all the obligations of service, such as transfers, should be debarred from permanent service.

52. *Men nurses.*—Men nurses have played, and continue to play, a very useful role in the nursing services in India. They are mainly employed as staff nurses in the men's section of general and mental hospitals and in dispensaries, a few are appointed as head nurses and nursing tutors. As the field in which men can be employed, is limited, there are not many opportunities for promotion. In view of this the training of men nurses has been stopped in some States and restricted in others.

#### APPRAISAL AND RECOMMENDATIONS

53. *Organization of nursing service.*—The survey of nursing conditions has brought to light sharply the fact already recognised, that the nursing staff in all fields of work will have to be increased appreciably before a nursing service of even a minimum standard can be provided for both hospitals and the public health field. As the shortage is great, it will naturally take time to effect the desired increase in numbers. In the meantime it is essential to ensure that there is efficient organization of the nursing service, so that the fullest possible value is obtained from the services of the existing nursing personnel. We consider that a first step in this direction would be the appointment of an Superintendent of Nursing Services in Health Directorate in each State, where one has not been appointed already, to develop and organize the nursing service in all fields of health work.

54. Nurses and midwives are reluctant, as are other workers, to work in small towns and rural areas, especially as nurses who work in city hospitals enjoy more amenities. We feel that nurses would be less reluctant to work in remote areas if they knew they would be transferred back to a town or city after a specified period. A transfer from one place, or one field of service, to another would only be possible if all categories of nursing personnel (nurses, midwives and health visitors) belonged to a single service. At present, the public health nurses, health visitors and domiciliary midwives are not a part of the State Nursing Service.

55. A single service implies the same basic training for all members of the service. We recommend, therefore, that the nursing service for hospitals and that for the public health field be combined into one service, and that all nurses and midwives should have sufficient

training in public health and domiciliary practice to be able to serve in both hospitals and health centres in urban or rural areas, and further that staff nurses be posted in rotation to different fields of work. It is appreciated that it would not be possible to reorganise straightway the teaching programmes in all training centres to give adequate training in public health nursing in the basic courses, but a beginning could be made in selected training centres. We also recommend that the training of health visitors should continue at present, but the long term objective should be to replace them by nurses with public health training.

56. There should also be provision for specialization for either hospital or public health work, e.g. as theatre sister, school health nurse, etc., after experience as a staff nurse in both fields.

57. *Assessment of the minimum requirements of the country.*—The Bhore Committee had recommended one nurse to 500 of the population and one midwife for every 100 births. There should be one public health nurse or health visitor to 5000 of the population. In accordance with that recommendation the number needed would be:—

Nurses—7,00,000

Midwives—87,500

Public Health nurses or health visitors—70,000.

58. It will obviously be difficult to obtain these numbers in the near future and also to find the finances to employ them. Our Committee also felt that it would be premature to consider the requirements of a Nursing Service for the total population, when the needs for nurses in the existing health services have not been met adequately. We considered that it would be more practicable at this stage to assess the requirements, as far as institutional services are concerned, on a ratio of nurses and midwives to existing hospital beds; and for the domiciliary services, to assess the number of health visitors or public health nurses required for the population in areas in which services from Health or Maternal and Child Health centres have been established. It would not serve a useful purpose, at present, to go into the question of supplying nurses in areas where other health services have not been established. The number of midwives needed could be assessed in proportion to the approximate number of births in the country. More midwives would be needed for rural areas, where communications are not good, than for the compact areas of towns and cities.

59. We decided on the following ratios as a basis for assessing the number of nursing staff needed at present and also for increasing the number in future:—

(1) *Hospitals.*—1 nurse (also qualified in midwifery for women's and maternity services) including students, to 3 patients in hospitals used for the training of nurses and midwives. The teaching and administrative staff and staff in special departments should not be included in calculating the number of nurses required.

1 nurse, also qualified in midwifery for women's and maternity services to 5 patients in all other hospitals.

(2) *Domiciliary Midwifery*.—1 midwife to 100 births in rural areas. In towns and cities, in compact areas, 1 midwife to 150 births.

(3) *Public Health Field*.—1 public health nurse or health visitor to 10,000 of the population.

60. As accurate figures of hospital beds etc are not available only a rough estimate of the number of nurses etc. required is possible; it is based on the available statistics for 1950-51 and the survey of training schools made in 1953. Similarly accurate figures of the number of nurses and midwives in active practice are not available as the registers are not "live" registers and may contain the names of nurses and midwives who are no longer in practice. The number in practice at present is estimated on the basis of figures obtained by the Bhole Committee and the number qualifying each year.

61. There were approximately 1,06,478 hospital beds in India in 1950-51. In accordance with the intention in the first Five Year Plan to increase the number of beds by 10.1 per cent. the total number may be expected to be 1,17,222 by the end of the year 1955-56. Of these 57,442 are in hospitals to which training schools are attached. The number of nurses on the State Registers on 31st December, 1953 was 18,180, but probably only 13,000 were in actual practice. It may be assumed that all these nurses would be qualified midwives also as almost every nurse takes a course in midwifery.

Therefore:—

calculated on the basis given in paragraph 59	
the number of nurses needed is approximately	...
the approximate number available is	...
the additional number needed for a minimum standard of service is	...
	31,600
	13,000
	18,600

This calculation does not take into account the number of matrons, assistant matrons, sister tutors and nursing staff needed for special departments, such as operation theatres, as the number needed will vary according to the size of the hospital, and the services provided.

62. There are about 1,760 M.C.H. centres in India at present serving about 5 per cent. of the total population. It is expected that by the end of the year 1955-56, when the plans for establishing additional health centres have been implemented they will serve 7 per cent. of the total population.

Therefore:—

calculated on a basis of 1 public health nurse to 10,000 of the population, the number needed for 7 per cent. of the total population is	...
the number of public health nurses or health visitors in practice at present is about	...
the additional number needed is	...
	2,625
	1,100
	1,525



63. The number of midwives on the State Registers was 22,200 on 31st December, 1953 but probably only 15,000 are available for midwifery practice as some may have dropped out of practice and others, who may be also qualified as nurses, may not be engaged in doing midwifery.

Therefore:—

calculated on the basis recommended in para-	
graph 59 the number of midwives needed	
for urban areas is	... 11,894
number of midwives needed for rural areas is	71,366
approximate number available is	... 15,000
the additional number needed is	... 68,260

64. When considering the question of the number of midwives needed it should be kept in mind that a very large proportion of domiciliary midwifery is carried out at present by *dais* and that this practice is likely to continue for some years yet. Even if a sufficient number of midwives were available it would not be possible at present to appoint one in each village; paucity of communications makes it difficult for a midwife to serve a group of villages as she would not be able to answer calls speedily. Also, in certain areas *dais* are well established and, for various reasons, are engaged by people even though midwives and doctors may be within call.

65. *Dais* are capable of giving very useful service if they are given training and are required to work under supervision. As a large number of *dais* are likely to continue in practice for the next ten, or even twenty years and as they will be needed to supplement the service given by midwives whose number falls far short of that required, it is essential to provide for their training and supervision by increasing the number of nurses, health visitors and midwives in the public health field, who among their other duties, will teach and supervise the *dais*.

66. *Recommendations to overcome the shortage.*—It is difficult for us to make specific recommendations without a much more complete survey than it has been possible to make within the time at our disposal. However certain broad recommendations are made, which we consider should be implemented directly. The shortage is so great that there is no danger of overstepping our requirements. A detailed survey would, however, be of value if carried out along with the measures to increase the number of nurses.

67. As a first step towards increasing number we consider that the existing training centres should be expanded to their full capacity, that is, by recruiting the additional number of staff and students required to bring the ratio of nurses to patients upto the requirements of the Indian Nursing Council. In doing so the actual number of patients should be taken into account, not the scheduled number of beds, which may be much less. It will be more economical to expand existing centres instead of establishing new ones as many of the facilities required for training will be available already.

68. Along with an increase in the capacity of the training centres, posts for nursing staff should be created in the various fields,

otherwise unemployment among nurses, limited in extent at present, will be aggravated.

69. In hospitals, to which no training centres are attached, we suggest that Auxiliary Nurses and Midwives be appointed, provided a qualified nurse is in charge of each ward or department on day duty and there is at least one qualified nurse on night duty. If this suggestion is accepted we recommend that centres for the training of auxiliaries be established in District Headquarters hospitals so that local women could be trained for work in their own districts.

70. We have already recommended the integration of training in public health in the basic course for nurses and midwives. We consider that by so doing many more nurses will be prepared for work in the domiciliary field without any increase in the duration of training.

71. One of the tasks assigned to our Committee was to examine whether any modification in present methods of training was necessary to impart teaching on a large scale. But as we have found that the reasons for shortage of nursing staff are more financial than lack of candidates for training, we consider that there is no need to lower standards in the interests of training a larger number of nursing personnel. Instead, we feel, that if the necessary financial provision is made for the appointment of more staff and training of more students and conditions for working training and living are improved, candidates will be available in sufficient numbers. The quality of candidates will improve with the improvement of conditions. Suggestions and recommendations are made in the subsequent paragraphs for achieving improvement in these directions so as to obtain a more efficient service.

72. *Improvement in the conditions of training.*—We considered the suggestions made on this question by persons who had answered the questionnaire and by the Visiting Committee and recommend that priority be given to the following measures:—

- (a) An improvement in living conditions by the provision of additional quarters wherever necessary with adequate common rooms and sanitary annexes. A competent Home Sister or Warden should be in charge of the Home.
- (b) An improvement in the teaching programme by providing adequate facilities for practical work and adequate training for the nurses (sister tutors and ward sisters) who teach and supervise the student nurses.
- (c) Proper care of the students health, including facilities for training in good health habits.
- (d) Raising the educational standard uniformly wherever possible as candidates who have had a good education will not be attracted to a training school in which the general educational level of candidates is low.
- (e) Shorter working hours with leisure and facilities for recreation and extra curricular activities.

73. We consider that these measures will attract good candidates to nursing. Other factors which are important are the status

accorded to nurses, and the assurance of employment and opportunities for further study and promotion.

74. We also consider that better publicity should be given to the scope and potentialities of nursing as a career. For this purpose we recommend that well qualified nurses should teach First Aid and Home Nursing in girls' schools, and that school girls and the public should be invited to visit nurses' homes and class rooms.

75. *Method of recruitment.*—In order to assess the suitability and aptitude of candidates for nursing we consider that candidates who meet the minimum requirements should, as far as possible, be interviewed before they are admitted for training. We recommend that the Selection Committee be constituted of the Medical and Nursing Superintendents and the Sister Tutor and that selection be made on merit giving special consideration to personality and a good home back-ground. We support the recommendation of the Visiting Committee that in order to ensure the student giving her full attention to the theoretical and practical aspects of training, married women should not ordinarily be admitted for training, unless they are widowed or separated from their husbands, and that students should not be allowed to marry during the training period.

76. *Minimum requirements for admission to training schools.*—Taking into consideration the opinions given in the replies to the questionnaire and the fact that generally speaking there is no shortage of candidates for training, we decided to recommend that the minimum requirements should be in accordance with the regulations prescribed by the Indian Nursing Council, that is, the minimum age for admission should be 17 years for the course in general nursing and 18 years for the course in midwifery; the educational requirement should be matriculation or an equivalent qualification including the senior examination from basic schools. We realised that some States would find it difficult to get, in sufficient number, candidates who fulfil the educational requirement, but we understand that the Indian Nursing Council has allowed for exemption from meeting the educational requirements, for a specified period, in such cases.

77. *Medium of instruction.*—As stated earlier in this report most of the persons who answered the questionnaire, that is, persons concerned with nursing service and nurses' training, considered that the medium of instruction should be English for the present. The Visiting Committee also supported that point of view. Some members of our Committee were of the opinion, however, that teaching should be imparted in the regional languages, as it would be easier for students to study a subject in their own language. In view of the divergence of opinion we recommend that it may be left to each State to decide what should be the medium of instruction. Individual training centres should also have discretion to decide this question according to the type of students they recruit.

78. *Counselling for students.*—The problem of training students in self-discipline and in maintaining good relationships with their colleagues and with patients and their families, in proper behaviour on and off duty, and giving them the help and guidance they need

to adjust to a different mode of living, was brought to the attention of the Visiting Committee. That Committee was of the opinion that a system of counselling would be helpful for this purpose and recommended that:—

“An experienced ward sister should be assigned to a group of 10 to 15 students and be available to them for advice and guidance on personal and social problems. Problems of class work and study would ordinarily be the sphere of the sister tutor. It is appreciated that under present conditions many sisters would not have the time nor the training to give good guidance, but better planning and organization of hospital services, coupled with staff education, would make it possible to introduce this system with only a small addition to the number of sisters.”

We support this recommendation and consider that all training centres should explore the question of setting up a counselling system as early as possible.

*79. Residence for students.*—Opinion from all sections consulted by us was almost unanimous on the desirability of students being resident during training for reasons given earlier in this report. We too are of the same view and recommend that all students be required to live in quarters provided by the training centre, and also recommend that quarters, adequate in all respects, be provided for the purpose.

*80. Stipend and allowances.*—After taking into consideration the stipends and allowances prescribed for students in the different States we recommend the following scales:—

*Stipend.*—Rs. 15-5-30 except that for the first three months of training the stipend should be Rs. 10 p.m.

*Allowances.*—Dearness. As admissible in the State.

*Messing.*—It is desirable to give an allowance of Rs. 2 per day, but in no case should it be less than Re. 1 per day.

*Uniform.*—It is desirable to give an allowance of Rs. 75 per annum, but the minimum allowance should be Rs. 50 per annum.

*Laundry.*—The minimum allowance should be Rs. 3 per month.

*81. Bonds of service.*—Opinion was divided on this question. One point of view was that the student repays in service the money spent on her training; the other was that service was a part of training and if the hospital did not offer the facility the student would not get her training. However, in view of the benefit to the student of working for a year or two in her own training school we recommend that students may be required to execute an agreement to give service for two years.

## IMPROVEMENT IN CONDITIONS OF SERVICE AND EMOLUMENTS FOR NURSES

82. The main causes of dissatisfaction among nursing personnel appear to be shortage of staff and equipment, unsatisfactory living conditions, and an unduly heavy work-load, such as overcrowded hospital wards or too large an area in the public health field, all of which make it difficult, if not impossible, to give a proper service to the community, and therefore preclude the nurse from getting satisfaction from her work.

83. Other causes of dissatisfaction are long hours of work, insufficient allowances, lack of status, and employment policies that do not permit opportunities for advancement in the profession or further study.

84. We feel that many of the conditions that cause dissatisfaction and consequently lead to inefficient work, could be set right by more consultation among nurses, their colleagues and authorities; this would lead to a better understanding of each other's point of view. We therefore consider that while improvement of material conditions is necessary it is also necessary that nurses themselves be encouraged to look into other ways and means for improving the quality of their service. We also consider that it should be possible for all grades of nursing staff to present their suggestions and discuss them with the authorities concerned.

85. *Recruitment.*—The method of recruitment would necessarily be decided by each State for its employees, but we recommend that in the recruitment of nursing personnel, nurses, qualified for the purpose, should be associated with the selection, and too much centralization, which may lead to delay in making appointments, should be avoided.

86. *Quarters for nurses.*—The need for more and better housing for nurses and the repercussions of inadequate quarters on the quality of the service, have been stated more than once in this report and needs no repetition. We consider that provision of quarters for trained nurses is necessary and recommend that the quarters should provide for privacy, a reasonable standard of comfort, adequate common rooms, a library, and facilities for recreation. Married nurses could be allowed to live out.

87. *Working conditions.*—We consider that an increase in the nursing staff in all fields of health work to come up to the ratio recommended by us in paragraph 59 is essential, and that steps should be taken to effect this increase over the next five year period by a progressive expansion each year in the training programmes as well as by creating the necessary additional posts.

88. Shortage of equipment and ordinary supplies in hospitals is another matter which has been stressed repeatedly. We consider that sufficient supplies of linen, utensils, disinfectants, soap etc. would contribute appreciably to easing the strain of work in crowded hospitals and recommend that urgent steps be taken by all hospital authorities to provide these as early as possible.

89. We would also recommend that each hospital and health department should examine the methods and procedures followed in it to see what adjustments and additions are necessary to ease working condition, e.g. adequate clerical assistance to the Nursing Superintendent and the necessary clerical and other assistance throughout the hospital would save valuable time now spent in non-nursing duties; it would also be more economical and effective to employ clerks instead of nurses for clerical work. The introduction of a central supply system for linen would save time being spent on keeping check of stock in the ward. Certain routine hospital practices, such as methods of indenting could be simplified. In service training given to ward attendants and domestic staff in health centres would enable them to carry out their duties more efficiently and with less supervision from the nursing staff. Improvement in the means of conveyance for public health nurses and health visitors would enable them to cover a wider area more efficiently.

90. We recommend that working hours should not be more than 48 to 54 hours per week. We appreciate that the additional staff necessary to effect this improvement cannot be provided straight-away and, therefore, suggest that the first step should be to reduce the 12-hour span of night duty to 10 hours.

91. *Health of the nursing staff.*—We consider that there should be proper provision for a periodical physical examination and for treatment during illness for both nursing staff and students, and recommend that this be entrusted to senior members of the medical staff. We also recommend that there should be facilities to carry out a proper technique for isolation when nursing patients with communicable diseases.

92. *Pay scales, and allowances.*—In view of the wide difference at present in pay scales and allowances for nurses in the different States we felt it would not be practicable, at this stage, to recommend uniformity of pay scales and allowances for all grades of nursing personnel. We, therefore, recommend that we consider to be the minimum pay scales and allowances for nurses, midwives and health visitors.

#### *Pay scales.*—

*Nurses.*—The desirable scale of pay would be Rs. 100 to 150, but the minimum should be Rs. 75 to 125, with, in all cases, allowances for board and lodging and uniform and laundry.

*Midwives.*—Desirable to give a starting pay of Rs. 75, but the minimum starting pay should be Rs. 50 with free quarters and an allowance of Rs. 10 per month for uniform and laundry.

*Health visitors.*—The scale of pay should be Rs. 100 to 185 with free quarters and allowances as admissible to staff nurses in hospitals.

#### *Allowances.*—

*Dearness.*—As admissible in the State.

*Messing.*—It is desirable to give an allowance of Rs. 2, per day, but in no case should it be less than Re. 1 per day.

*Uniform.*—It is desirable to give an allowance of Rs. 75 per annum, but the minimum allowance should be Rs. 50 per annum.

*Laundry.*—The minimum allowance should be Rs. 3 per month.

93. *Pension and Provident Fund.*—A view was expressed that provident fund was more advantageous for nurses as many of them have a break in service after marriage. We recommend that either provident fund or pension should be provided where such provision has not been made, leaving it to each State to decide what form of provision be made.

94. *Staff meetings and staff education, Refresher courses.*—We consider that regular meetings of different categories of hospital or health centre staff are necessary for smooth and efficient working. They are particularly necessary in training centres and could also be a means of keeping the staff up-to-date with new ideas and methods. All institutions should be recommended to introduce such meetings.

95. *Refresher courses* are also necessary for all categories of nursing staff and the particular need for courses for ward sisters has been mentioned earlier. We recommend that all State Governments should take steps to establish these courses. We also recommend that nurses should be given facilities to undertake further studies.

96. *Married nurses.*—There was some difference of opinion on the question of whether married nurses with household responsibilities could give efficient and dependable service. Most of the persons consulted felt that as long as a nurse had young children and could not fulfil all the obligations of permanent service, she should be employed temporarily, or for part-time work. We recommend that provision be made for married nurses to work part-time and be paid proportionately.

97. *Men nurses.*—We were of the opinion that men nurses were needed mainly for Police Hospitals and men's sections of Mental Hospitals and Venereal Disease Departments. We recommend that further recruitment of men as student nurses should be in proportion to the employment open to them.

98. *Exchange of nurses.*—We consider that an exchange of nurses between the different States would be of value in providing special training and experience where that is necessary, and also in developing better understanding and a wider out-look. We recommend that such exchange be encouraged.

99. *Auxiliary Nurses and Midwives.*—We consider that auxiliary nurses and midwives, who can be trained with less expense in a shorter time, would be very useful in supplementing the nursing service, providing they are assigned duties in keeping with their training, and are required to work under supervision. Their pay scale should be similar to that of midwives but they should be given allowances for messing, uniform and laundry as admissible to nurses in hospital. We recommend that—

- (1) no auxiliaries be appointed in hospital wards or departments used for the training nurses and midwives;
- (2) in a training centre for auxiliary nurses and midwives the teaching and administrative staff (including sisters or nurses in charge of wards) be fully qualified;
- (3) in hospitals to which no training school is attached the nursing staff could be constituted largely of auxiliaries, provided that there is a fully trained nurse in charge of each ward or department and there is a minimum of four fully trained nurses on the staff;
- (4) auxiliary nurse and midwife may be appointed to work in health centres and sub-centres, provided they are supervised by a Public Health Nurse or Health Visitor.

100. *Conclusion.*—The main task assigned to our Committee was to recommend measures to overcome the shortage of nurses and, to that end, examine the working conditions for nurses to see what improvements were necessary to attract better candidates; also to examine the system of training to see whether any modification was necessary to train a large number of nurses. We have reached the conclusion that the chief measure required to overcome the shortage is the financial provision necessary, primarily, to employ more nurses and, secondarily, to train more nurses. As sufficient candidates are available for most training centres there appears to be no necessity, at present, to lower the standard of education or training in the interests of obtaining a large number of nurses. We did find, however, that much improvement is necessary in working and living conditions for nurses before the profession can attract good candidates in sufficient numbers.

101. We found ourselves unable to make specific recommendations as the number of nurses available in each State, the extent of the services and number of training centres that have been established, and the position regarding the availability of candidates, varies from State to State. A more detailed survey is necessary if it is desired that this Committee should make such recommendations.



We would like to record our thanks to the individuals and Government departments who have given much time and care to supply us with information and to giving detailed answers to our many questions; without their valuable help it would not have been possible to compile this report.

(Sd.) A. B. SHETTY,  
Minister of Health, Madras.  
(Chairman)

## SUMMARY OF RECOMMENDATIONS

### ORGANIZATION OF NURSING SERVICE.

1. The appointment of a Superintendent of Nursing Services in each State.

2. Combining the nursing service for hospitals and that for the public health field into one service. Inclusion of experience of public health and domiciliary nursing in the basic course for nurse and midwives.

3. In planning to provide an adequate nursing service, the immediate goal to be the provision of a minimum standard of nursing in the existing hospitals and public health services. The number required to be assessed on the following basis:—

(1) *Hospitals.* 1 nurse (also qualified in midwifery for women's and maternity services) including students, to 3 patients in hospitals used for the training of nurses and midwives. The teaching and administrative and staff in special departments should not be included in the number of nurses.

1 nurse, also qualified in midwifery for women's and maternity services, to 5 patients in all other hospitals.

(2) *Domiciliary Midwifery.* 1 midwife to 100 births in rural areas. In town and cities, in compact areas, 1 midwife to 150 births.

(3) *Public Health Field.* 1 public health nurse or health visitor to 10,000 of the population.

As midwifery practice by Dais is likely to continue for some years, provision to be made for Dais to be trained and for them to be required to work under supervision.

### NURSING TRAINING

4. Recruitment of additional students, and the necessary staff for supervision and teaching, in the existing training centres as a first step towards increasing the number of nursing personnel.

5. Creation of posts for nursing staff in institutions and in the public health field to absorb the additional number of nurses who will be trained.

6. The appointment of auxiliary nurses and midwives to supplement the nursing service in hospitals or wards which are not used for training nurses. Establishment of training centres in District Headquarter hospitals for auxiliary nurses and midwives.

7. Improvement in conditions of training of nurses. Priority to be given to:—

(a) provision of adequate living accommodation,

- (b) proper facilities for practical work, and adequate training for sister tutors and ward sisters,
- (c) proper care of students' health,
- (d) raising of educational standard wherever possible,
- (e) shorter working hours.

8. Better publicity to the potentialities of nursing as a career.

9. Special consideration to be given to personality and home background when recruiting students, providing that they meet other minimum requirements. Selection Committee to be constituted of Medical and Nursing Superintendents and Sister Tutor.

10. Ordinarily, married women, unless widowed or separated from their husbands, not to be admitted for training. Students not to be allowed to marry during training period.

11. Minimum requirements for admission to training schools to be in accordance with the regulations of the Indian Nursing Council.

12. Medium of instruction to be decided on by each State. Individual training centres should also have discretion to decide this question.

13. Setting up a system of counselling for students, an experienced sister being assigned to a group of students for this purpose.

14. Students to be required to be resident during training.

15. Stipends and allowances for students to be on the following scale:

Stipend—Rs. 15-5-30 except that for the first three months of training the stipend should be Rs. 10/- p.m. (Dearness allowance as admissible in the State).

Allowances—*Messing*. It is desirable to give an allowance of Rs. 2/- per day, but in no case should it be less than Re. 1/ per day.

*Uniform*. It is desirable to give an allowance of Rs. 75/- per annum, but the minimum allowance should be Rs. 50/- per annum.

*Laundry*. The minimum allowance should be Rs. 3/- per month.

16. Students may be required to execute a bond to give upto two years of service on completion of their training.

#### NURSING SERVICE.

17. Nurses, qualified for the purpose should be associated with the selection of nursing personnel. In recruitment too much centralization should be avoided.

18. Provision of adequate quarters for nurses.

19. Improvement in working condition by an increase in staff, provision of linen and other supplies necessary to carry out good nursing, and shorter working hours. Inquiry into routine hospital practice with a view to modifying or simplifying it where necessary.

20. Proper provision for a periodical physical examination and for treatment during illness. Facilities to carry out proper isolation technique where it is necessary.

21. Minimum pay scales and allowances to be as follows:—

*Pay Scales.*

*Nurses.*—The desirable scale of pay would be Rs. 100 to 150, but the minimum should be Rs. 75 to 125, with, in all cases, allowances for board and lodging and uniform and laundry.

*Midwives.*—It is desirable to give a starting pay of Rs. 75, but the minimum starting pay should be Rs. 50 with free quarters and an allowance of Rs. 10 per month for uniform and laundry.

*Health visitors.*—The scale of pay should be Rs. 100 to 185 with free quarters and allowances as admissible to staff nurses in hospitals.

*Allowances.*

*Dearness.*—As admissible in a State.

*Messing.*—It is desirable to give an allowance of Rs. 2 per day, but in no case should it be less than Re. 1/- per day.

*Uniform.*—It is desirable to give an allowance of Rs. 75/- per annum, but the minimum allowance should be Rs. 50/- per annum.

*Laundry.*—The minimum allowance should be Rs. 3 per month.

22. Provision of pension or provident fund.

23. Holding of regular staff meetings. Establishment of refresher courses for all categories of nursing staff. Granting of facilities for further study.

24. Provision for temporary service or part-time work for married women who have house-hold responsibilities.

25. Recruitment of men as student nurses be in proportion to the employment open to them.

26. Exchange of nurses between different States to be encouraged.

#### AUXILIARY NURSES AND MIDWIVES

27. Auxiliary nurses and midwives to be assigned duties in keeping with their training and to be required to work under supervision. They should not be employed in training centres or wards that are being used for the training of nursing personnel.

## APPENDIX I

### *NOTE FOR THE COMMITTEE APPOINTED TO REVIEW THE CONDITIONS OF SERVICE, EMOLUMENTS, ETC., OF THE NURSING PROFESSION.*

The terms of reference of the Committee are:—

- (1) To survey the existing facilities for teaching in nursing, conditions of work and emoluments of the various grades of nurses;
- (2) To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specific measures to overcome the shortage. The Committee should particularly examine whether teaching cannot be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualifications can be lowered without materially effecting adversely the quality of service rendered to the community by the nurses.
- (3) To examine the existing conditions of service and emoluments admissible to nurses in the various States and State aided institutions and to make suitable recommendations for their improvement so as to attract educated young women from good families to the profession. In making these recommendations, the Committee should keep in view the financial resources of the States so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country.

2. The following note is submitted to show the existing position, as far as it is known from information available in this Directorate, regarding the training and working conditions of nurses, midwives and health visitors.

3. *Training of Nurses, Midwives and Health Visitors.*—There are about 262 training schools in India for the training of nurses and/or midwives; there are nine schools for Health Visitors. A statement showing the number of training schools in each State, the number of students under training and the number of nurses, midwives and health visitors who qualified in 1953 is attached.

#### BASIC COURSES.

4. *Basic courses General Nursing.*—The duration of the course is 3 years. The minimum age for entrance is 17 years. The minimum education prescribed by the Indian Nursing Council is Matriculation, or an entrance examination for those who have failed in the Matriculation examination. This has not been enforced yet and, though most schools require Matriculation for admission to the course. The minimum requirement in some States is class VIII.

5. *Midwifery*.—The duration of the course varies from 6 to 12 months for candidates who are trained nurses and 12 to 24 months for others. The Indian Nursing Council has prescribed a minimum period of six months for candidates who are trained nurses and has recommended that all others should take the Auxiliary Nurse and Midwife Course. The minimum age for entrance is 18 to 19 years. The educational requirement for those who are not nurses varies from VI class to matriculation.

6. *Health Visitors*.—The duration of the course varies from 12 to 18 months. The minimum entrance requirement for most schools is matriculation. A certificate in midwifery is a pre-requisite.

7. *Auxiliary Nurse and Midwife*.—The duration of the course is two years. The minimum age for entrance is 17 years. The minimum educational requirement is seven years of schooling. It is intended that this course should replace the various junior grade courses in nursing and midwifery, the course in midwifery only and, the course for nurse-dais.

8. *Conditions of training*.—The establishment of courses for Sister Tutors in Delhi and Vellore has made it possible for a number of nursing schools to employ one or more tutors full time for teaching. Even so the training corresponds to an apprenticeship. Because the nursing student is paid a stipend during training and given free board, lodging and uniform, she is regarded more as an employee than as a student. Consequently the demands of the hospital have priority, usually, over her needs for proper training. For example, it is not unusual for a student to be assigned to a surgical ward where there is a shortage even though she needs experience of medical nursing, or for her to miss lectures because the wards are heavy and she cannot be spared. The nursing and midwifery students are always included when calculating the strength of the nursing staff and, about 75 per cent of the nursing care given to patients in hospitals to which training schools are attached, is given by nursing students.

9. The object of training nurses and midwives is to prepare them to take an effective part in the health programmes. To achieve that object, the basic course should include the nursing of tuberculosis and other communicable diseases, domiciliary nursing and midwifery, and instruction and practice in health teaching. But, because of the heavy demands on the nursing student to give service during her training, she cannot be spared to get the varied experience she should be getting in her basic course, and therefore, when qualified she is not fully prepared for the work that is to be done. This lack of proper preparation is partly responsible for the unemployment among nurses and midwives today.

10. The student health visitor is not called upon to give service to the same extent as the student nurse and midwife. Her training and practical experience, has, however, been confined to a narrow field which has not prepared her for the more comprehensive health service which is being developed.

11. *Lack of ward teaching and supervision*.—Because the authorities rely on the nursing and midwifery students to provide most

of the nursing service in the hospital, only a small number of qualified nurses is employed. The ward sister is the right person to help the student to develop all the finer qualities of nursing, such as observation, judgment and tact, but her time is taken up largely by her administrative duties. Therefore, the one benefit of an apprenticeship, that of learning a craft by working with a skilled craftsman is lost. There are many small hospitals where there is no night sister. On both day and night duty supervision is insufficient and the amount of teaching done on the wards is negligible.

12. The Indian Nursing Council has recommended one trained nurse, exclusive of administrative staff and staff in special departments, to 5 students.

13. *Equipment for teaching and practical work.*—The gift of a 100 sets of teaching equipment received from UNICEF last year, has been of great value in improving the teaching in the class room of student nurses and midwives. However, the students learn most of the practical part of their work by practice in the hospitals wards and ward equipment, which is the teaching equipment in nursing, is often inadequate. Most of the wards at present have many extra patients, but ward equipment and linen is not increased proportionately. Consequently the patients cannot get proper care and it is difficult to teach good nursing without the opportunity to practise it.

14. One reason why ward equipment is insufficient is the constant thieving from the hospital. The nursing staff have to replace all losses, consequently there is a reluctance to put out more articles than can be kept count of constantly. This factor has been taken so much for granted that it has not been taken into account in considering the various defects in the training of nurses.

15. *Hours of work.*—An inquiry made last year from 230 training centres showed that in 108 hospitals students work, on day duty, 48 to 54 hours per week, in 56 hospitals they work 55 to 60 hours per week and, in 13 hospitals, more than 60 hours per week. On night duty, in 56 hospitals they work 56 to 70 hours per week, in 102 hospitals they work 71 to 84 hours per week and in 7 hospitals, more than 84 hours per week. In the remaining hospitals the hours are less than 48 per week on day duty and 56 per week on night duty. At least 50 per cent of the lectures and classes, if not more, have to be taken in the off duty hours. The student gets little leisure for reading, study, or recreation.

16. The Indian Nursing Council has recommended a 48-hour week for students, at least six of which should be class hours.

17. *Bond of service.*—In some training centres the student is required to execute a bond to serve for a specified period (the maximum is five years) in return for the money spent on her training, even though, by giving service throughout her training, she may be considered to have more than repaid the expenditure incurred on her stipend, board and lodging. Other expenditure on her training, apart from the salary of a sister tutor, is negligible.

18. It is of great value to a young nurse to work for a year in the hospital in which she received her training. What is objectionable is the requirement of a very long period of service, or the nurse not being released from the bond within a reasonable period if she cannot be employed, and the practice of withholding the registration certificate until the nurse has fulfilled the bond.

19. *Living accommodation.*—There is a general shortage of accommodation and, in some hospitals, the full number of students for whom there is financial provision, cannot be recruited because they cannot be housed. Most of the nurses' homes are crowded, often the furnishings are shabby and, due to lack of proper supervision they present a slovenly appearance. These unsatisfactory conditions for living constitute one of the main factors in deterring educated women from good families from joining the profession.

20. It is essential for students to live in a nurses' home for many reasons. The main reason is that they work long hours and, as most of them are young, the training taxes them both physically and mentally. They need a home which offers privacy, a reasonable standard of comfort, a hygienic environment and safety. It is necessary that they should live very near the hospital as they go on duty early and come off duty late in the day. Residence in a Nurses Home also provides the opportunity to inculcate good habits of personal hygiene and a sense of social responsibility which some of the young recruits have not had a chance of to develop before they enter the training school.

21. *Health of the students.*—Most training schools are now providing for an initial physical examination for the student nurses. Provision for periodical examination is not always satisfactory. As the students are constantly exposed to infection and, in the early stage of training, and have not learnt how to protect themselves, proper measures to safeguard their health are necessary.

22. The importance of a proper diet needs no stressing. Institutional food tends to be monotonous, but could be vastly improved by proper supervision. Some times the messing allowance is inadequate. Students who get the whole dearness allowance paid to them, are reluctant to spend any of it to supplement their messing allowance. One remedy for this is to give the students all their allowance in kind and to ensure that they are spent properly for their various purposes.

#### SERVICE CONDITIONS AND EMOLUMENTS FOR NURSES, MIDWIVES AND HEALTH VISITORS.

23. *Pay scales.*—Except for a few States there has been an improvement in the pay scales, particularly for nurses, even though they have not kept pace with the rise in the cost of living. There is a wide disparity in the scales of allowances. These are not always adequate for the purpose for which they are given. They should be adequate, for allowances are taken into consideration when fixing the pay scales for nurses. Allowances for board, uniform and washing are not admissible to health visitors; thus, their total emoluments are much less than those for nurses. The pay scales for midwives are low and, usually, they are not given the same allowances



as nurses. The result is that though most nurses are also qualified for midwifery, it is not worth-while for them to take posts as midwives. Midwives are often required to supervise *dais* and may be left in charge of a Maternity and Child Welfare sub-centre. Few of them are competent for such responsibilities because the low pay does not attract good candidates. There is need for a uniform policy regarding the payment of allowances, also for proper allowances for health visitors and midwives who do not have the benefit of living in nurses quarters and sharing expenses in a joint mess.

24. *Pension*.—There is no provision for a pension or provident fund in Madhya Pradesh, Bihar, Travancore-Cochin, PEPSU.

25. *Working conditions*.—While pay scales for nursing staff have improved since the war, the working conditions have deteriorated in many directions. The main reasons for this are a shortage of staff, overcrowding in the wards, and a shortage of equipment and supplies.

26. *Shortage of nurses*.—This is a feature in most hospitals and also in the domiciliary field. A staff of four or even six nurses, spread over a period of 24 hours, in a ward of 30 beds—which contains 60 patients, can do little more than carry out certain routine duties. There is no time to give attention to the physical and mental comfort of the patient which is the essence of a good nursing service. Similarly one health visitor for a population of 40 to 60 thousand cannot make much appreciable contribution to public health. There is little mental satisfaction in working under such conditions and the inability to do a proper piece of work leads to indifference. The employment of more nursing staff is essential if there is to be a reform in the nursing services.

27. *Equipment and supplies*.—The shortage of staff could be offset to some extent by the provision of sufficient equipment and supplies. In many hospitals no provision is made for linen and other supplies for extra patients. Inadequate facilities for sterilizing, such as one hot plate only for all heating purposes in a busy ward, is another time-wasting factor. Similarly a health visitor could accomplish more work if she had facilities for transport. The conveyance allowances are often inadequate to allow her to use freely such public transport as is available.

28. *Non-nursing duties*.—A great deal of the ward sister's time is spent on non-nursing duties, such as clerical work, checking drugs, collecting room rent from private patients, counting linen etc. Many of these duties could be performed equally efficiently, and at less expense, by a ward clerk.

29. *Breakages and losses*.—As mentioned earlier the nursing staff are responsible to make good breakages and losses, but there are few safeguards to prevent these happening. Consequently much attention is devoted to keeping count of equipment and as little as possible is put into use. The organization of central supplies of linen and sterile equipment and a greater control over the people coming in and out of the hospital premises would check both losses and breakages.

30. *Hours of work.*—These are similar to those of student nurses. A 48-54 hour week should be enforced but along with it there must be a corresponding increase in the nursing staff.

31. *Prospects.*—Though it is desirable that there be a ward sister in every ward, and one or more assistant matrons in a hospital according to its size, few hospitals have provision to appoint the required number. Consequently only a few nurses can look forward to being appointed to posts which would give them an opportunity to exercise their individual ability and do responsible work. One reason for the difficulty in finding suitable candidates for Matron's posts is the paucity of Assistant Matrons.

32. The health visitor has practically no prospects of promotion.

33. *Living accommodation.*—There is great shortage of accommodation and in many instances the nurses have to share rooms. No enough provision is made for the privacy and comfort of these women, to whom the nurses' quarters is a home for at least 11 months of the year. In some places the nurses, especially married nurses, are permitted to live out. This practice is only satisfactory if they can live near the hospital and do not have too many household responsibilities.

34. *Health of the nursing staff.*—Trained nurses should be capable of taking proper care of their own health, but it is necessary to provide for proper treatment if they are ill, and for rehabilitation as well as treatment in cases of tuberculosis acquired in the course of nursing duties. A thorough initial physical examination would safeguard the employer and as well as the nurse.

35. *Married nurses.*—A number of nurses continue to work after marriage, usually because of the necessity to augment the family income. This is not a satisfactory practice if they have young children and household responsibilities. Frequent absences because of some home emergency, or maternity leave, throw a heavier burden of work on their other colleagues. It is not unusual for nurses to have to postpone or forego their leave because married nurse requires maternity leave. If there were part-time posts for married women, such as in the out-patient department, they could give more time to their homes and consequently proper attention to their duties also.

36. *Men nurses.*—There are about 50 training centres for men nurses. 208 men were trained in general nursing in 1952 and 187 were trained in 1953. The scope of employment for men nurses is limited and the prospects of promotion are very few. A definite policy regarding the employment of men, and for regulating the training to correspond to the availability of employment, is necessary. Also, if men nurses are to be employed, they should be paid equal salaries to women, for equal work, and there should be opportunities for advancement, either by promotion to higher posts or by a higher maximum in the staff nurses' scale.

37. *Status of nurses.*—Measures that have helped in recent years to give nursing a better status have been the granting of gazetted rank to those in senior positions and the opportunities for further study in India and abroad. The heightened interest in nursing,

which has been evidenced by the emphasis on nursing by the international agencies who are helping in the health programmes in India, and which has led to the appointment by the Central Council of Health of a special Committee to investigate nursing conditions has also helped to bring a greater recognition of the usefulness of nursing.

38. However professional status, to which nurses aspire, calls for more than rank. To be a professional woman the nurse should be able to control her profession, to have an effective voice in the organising of nursing education and nursing service, and she should have an opportunity to contribute to the planning as well as to the implementation of the health services. Today there are committees for the selection of nurses on which no nurse is represented; there are far too few nurse members of the Nurses Registration Councils; though nurses constitute a large proportion of the hospital staff, the Matron is not invited to be present at the meetings of the Governing Body—where there is one; the nursing service is the one most affected by the way a hospital is built and nurses are the person who constantly handle hospital equipment, but they are rarely consulted in the designing and equipment of hospitals. There are the factors which detract from status.

39. *Minimum requirement for nurses etc.*—The Bhore Committee had recommended one nurse to 500 of the population and one midwife for every 100 births. There should be one public health nurse or health visitor to 5,000 of the population. The number needed would be:—

Nurses	.. 7,00,000
Midwives	.. 87,500
Public Health nurses or health visitors.	.. 70,000

40. It will be impossible to obtain these numbers in the near future. The immediate objective could be to provide one nurse or midwife (including students) to 3 patients in hospitals used for the training of nurses and midwives, one nurse or midwife (including auxiliary nurses and midwives) to five patients in other hospitals, and for domiciliary work, one public health nurse, health visitor, or properly qualified midwife to 10,000 of the population.

## RECOMMENDATIONS FOR CONSIDERATION

### NURSING EDUCATION

1. The training programmes to be in accordance with the recommendations of the Indian Nursing Council, i.e. a wide basic course for nurses and midwives which would include an orientation to public health nursing and experience of domiciliary work.

2. Setting apart one or more wards in a hospital as “teaching wards for nurses” which are adequately equipped and staffed. The new nursing students could start their training on these wards so that they learn to do basic nursing procedure properly before having to resort to make-shifts in busy wards.

3. An adequate staff, in accordance with the Indian Nursing Council's recommendations, in hospitals used for the training of nurses and midwives.

4. Deputation of two to four nurses each year to take courses in teaching, administration and public health nursing.

5. Institution of refresher courses within each State and staff education programmes in each hospital or, for health visitors, in the public health department.

6. Provision of adequate living quarters for the students and measures to safeguard their health and well-being.

#### NURSING SERVICE

7. Appointment of a Superintendent of Nursing Services in each State to organise, direct and develop all aspects of the nursing service.

8. A single nursing service for institutional, domiciliary and public health work. This will be an effective means of attracting intelligent and competent women for public health and domiciliary nursing; at present the better candidates tend to go in for hospital work. The staff nurses, who constitute the most junior group in the nursing service, could be posted to both hospitals and health centres in turn. The nurses would be less reluctant to go to a remote or difficult district, if they knew that they would be transferred back to a town after a specified period. The experience of domiciliary work would bring a greater understanding to hospital nursing and the discipline of hospital nursing would make for more methodical and efficient work in the public health field. Specialization could be at the ward sister level either in public health nursing or in some clinical field. The nurses would need a short period of orientation to public health nursing until it is introduced generally in the basic course.

9. Part-time work for married women.

10. An inquiry into the need and demand for men nurses, with a view to regulating the training of men in relation to the need.

11. Employment of an adequate number of nurses, to begin with, in the Medical College Hospitals and in Rural units attached to Medical Colleges. At present the medical student has little opportunity to learn what nursing can do for the sick or the part it can play in the prevention of disease.

12. Employment of auxiliary nurses and midwives to supplement the nursing service.

13. Adequate equipment in hospitals to do proper nursing. Introduction of a central supply system and safeguards against losses from wards.

14. Clerical help for the Matron and Ward Sisters, so that they may have more time for nursing duties.

15. A better nurse representation on Nurses' Registration Councils and selection committees for the appointment of nurses.

16. More and improved quarters for nurses, including provision of single and married quarters for men nurses.

17. An increase in the allowances for nurses, where necessary, so that they are sufficient for the purpose for which they are given. Similar allowances for health visitors and domiciliary midwives.

**No. of Schools (in each State) teaching in Regional Languages. 1952**

State.	No. of Schools	Languages used	
Madras . . . . .	14	{ Tamil . . . . . Telegu . . . . . Malayalam . . . . .	10 3 1
Andhra . . . . .	3	{ Telegu . . . . . Kaunada . . . . .	3 1
Mysore . . . . .	1	{ Telegu . . . . .	1
Hyderabad . . . . .	2	{ Telegu . . . . .	2
Travancore Cochin . . . . .	..	..	..
Bombay . . . . .	23	{ Marathi . . . . . Gujerati . . . . . Kannada . . . . .	15 7 1
Saurashtra . . . . .	2	{ Gujarati . . . . .	2
Punjab . . . . .	9	{ Hindi . . . . . Urdu . . . . . Panjabi . . . . .	2 4 3
Delhi . . . . .	..	..	..
Rajasthan . . . . .	2	{ Hindi . . . . .	2
Pepsu . . . . .	..	..	..
Ajmer . . . . .	..	..	..
Madhya Pradesh . . . . .	13	{ Hindi . . . . . Marathi . . . . .	7 6
Bhopal . . . . .	..	..	..
Vindhya Pradesh . . . . .	..	..	..
Uttar Pradesh . . . . .	7	{ Hindi . . . . . Hindi & Urdu . . . . .	4 3
West Bengal . . . . .	7	{ Bengali . . . . .	7
Assam . . . . .	3	{ Khasi . . . . . Lushai . . . . .	2 1
Manipur . . . . .	..	..	..
Orissa . . . . .	2	{ Oriya . . . . .	2
Bihar . . . . .	3	{ Hindi . . . . .	3
Madhya Bharat . . . . .	2	{ Hindi . . . . .	2

Jammu & Kashmir, Coorg, Tripura, Kutch, Himachal Pradesh, Bilaspur and Andamans and Nicobars have no such schools.

N.B.—The training hospitals where teaching is done in regional languages along with English as first language, have not been shown in the above statement.

## APPENDIX II

### REPORT OF THE VISITING COMMITTEE APPOINTED BY THE NURSING COMMITTEE OF THE CENTRAL COUNCIL OF HEALTH.

We visited the following training centres in Lucknow and Calcutta:—

Gandhi Memorial Hospital, Lucknow.

Silver Jubilee Health School, Lucknow.

Presidency General Hospital, Calcutta.

Medical College Hospital, Calcutta.

All India Institute of Hygiene and Public Health, Calcutta.

In both places we saw nurses' quarters and class rooms and discussed nursing conditions with the Director of Health Services (with the Deputy Director of Medical and Health Services in Lucknow), the Superintendents of Nursing Services, Matrons, Sister Tutors and representatives of sisters and staff nurses, including nurses who had had basic or post-graduate training abroad or had graduated from the Cottage of Nursing. We also had a discussion with the W.H.O. team in the Medical College Hospital, Calcutta and with Dr. (Mrs.) Sen and the international and national nurse-teachers for the course in Public Health Nursing at the All India Institute of Hygiene and Public Health, Calcutta. The conditions noted by us, the suggestions made by various persons and our own recommendations are given below.

#### TRAINING OF NURSES AND MIDWIVES

*Educational requirement.*—In West Bengal the minimum requirement is matriculation for the senior course in nursing and midwifery. In Uttar Pradesh matriculation is not a requirement and candidates who have passed the 8th or 9th class are also accepted. The general feeling was that though a large number of girls apply for admission to training schools, the quality of students was not of the standard desired. We felt that as long as candidates with lesser qualifications are admitted to training schools and the standard of teaching and living is geared accordingly, the better type of girl will not enter the same school. If in the larger training centres at least, e.g., those attached to Medical College Hospitals, an effort was made to admit only those candidates who have passed matriculation in a higher division and showed evidence of a good upbringing, the standard of nursing would be raised appreciably within a few years.

With the introduction of new schemes for Elementary Education, the minimum qualification for recruitment of nurses should be a Higher Secondary School Certificate or Pre-university Course.

*Age.*—It was the general opinion that the age for admission should not be less than 17 years. It was suggested that a pre-entrance course, or facilities for part-time voluntary work in hospitals or health centres, should be available for girls who were keen on nursing but were too young to start training.

*Medium of instruction.*—The medium of instruction in Uttar Pradesh is mainly Hindi but candidates are allowed to take examinations in either Hindi or English. One of the practical difficulties met with is that the students who know only Hindi find it difficult to understand doctors' orders, to read case-papers and write reports. As long as medical education is conducted in English, it will be necessary for nurses and midwives to have a good knowledge of English for an intelligent understanding of their duties. Also, because of the dearth of reference books and professional journals in the regional languages, students need a knowledge of English to read English books and journals so that they may have a wider knowledge of their subject. We would recommend that instruction in English be available for students who require it, and that the present practice of allowing candidates the choice to take examinations in English or Hindi be continued; the questions should be in the language in which the student takes the examination.

In West Bengal the medium of teaching for the senior course is English. Some difficulty is experienced because candidates do not have a fluent knowledge of the language. However, the tutors speak Bengali and therefore are able to explain any points which are not understood. This seems to be a satisfactory practice.

*Conditions of training.*—Opinion was unanimous that overcrowding in the hospitals, shortage of staff especially of ward sisters, a shortage of ordinary supplies to carry out good nursing and long working hours, are the main causes of a poor standard of teaching and practice. The result is that the intelligent and conscientious student is frustrated in her attempts to put teaching into practice and leaves the training school. Many others get into slipshod ways, only a few students learn to make adjustments without sacrificing principles.

We consider that an increase in nursing staff and hospital equipment proportionate to the average number of patients treated, not the scheduled number only, is essential. There is a real need also to look into routine hospital practice to see whether any of the routine practices such as methods of indenting, of maintaining records, the necessity for taking the temperature, pulse and respiration of every patient twice daily, can be simplified or modified. Methods of teaching should also be reviewed from time to time so as to adjust teaching to existing conditions of practice. A central supply system would reduce some of the ward work and should be introduced wherever possible.

*Problems of discipline and behaviour.*—It was mentioned to us by nurses trained abroad that one of the difficulties met with here in training nurses is the lack of discipline among students. Training in self-discipline, in good relationships with colleagues and patients and their families, and in proper behaviour on and off duty, is an essential part of the nursing course and we consider that a system of counselling would be helpful in developing these qualities. An experienced ward sister should be assigned to a group of 10 to 15 students and be available to them for advice and guidance on personal and social problems. Problems of class work and study would ordinarily be the sphere of the sister tutor. It is appreciated that

Under present conditions many sisters would not have the time nor the training to give good guidance, but better planning and organisation of hospital services coupled with staff education, would make it possible to introduce this system with only a small addition to the number of sisters.

*Living conditions.*—Most of the nurses' homes are crowded and facilities for recreation are inadequate, yet additions continue to be made to hospitals without any addition to nurses' quarters. In the Medical College Hospital, Calcutta the recreation room is being used as a class room. All the doctors and nurses we talked to, and we ourselves, were of the opinion that no student should be allowed to live out. Residence in the nurses' home gives the opportunity to teach students hygienic habits and also to live harmoniously in a community. However, at present in some institutions, it is impossible to house all the students without gross overcrowding. Hygienic living is also difficult under such circumstances. These poor living conditions deter good candidates from entering a training school. We would recommend that high priority be given to providing adequate quarters for nurses with proper facilities for recreation, and for promoting and maintaining the health of the students and staff.

*Marriage.*—The practice of admitting married women to the training courses has been found very unsatisfactory. We recommend that ordinarily, married women, unless widowed or separated from their husbands, should not be admitted for training. Students should not be allowed to marry during training period.

*Public Health Nursing.*—It was generally agreed that it is necessary to integrate instruction in public health nursing in the basic course for nurses and midwives. The most practicable method of doing this remains to be studied, but the suggestion made by Dr. (Mrs.) Sen that every training school should appoint one public health nurse on its teaching staff, is commended.

*Working and living conditions of nurses and midwives.*—Overcrowding in hospitals, shortage of staff and equipment and unsatisfactory living conditions were cited as the main reasons for dissatisfaction among nurses; they call for early remedy to prevent further deterioration in the standard of care given to hospital patients.

Appropriate assistance should be provided for non-nursing duties, so that the nurses can give their whole attention to nursing the patients and guiding and supervising the students. Ward servants can be of help to the nursing staff especially if they have some training for their work. A course of in-service training in personal cleanliness, and in methods of cleaning, lifting patients, making unoccupied beds, filling hotwater bottles, ice caps, air cushions etc., would improve the quality of their service and probably, also their morale.

*Courses for ward sister.*—There is a need felt for a short course for ward sisters in ward management and methods of teaching. We would recommend that these be established as early as possible.



*Staff meetings and staff education.*—Regular meetings of different categories of hospital staff are necessary for the smooth and efficient running of the hospital. These are particularly necessary in training centres and we were given the impression that they would be welcomed. These meetings could also be the means of keeping the staff up-to-date with new ideas, new methods *etc.*, *e.g.*, before public health nursing is introduced in the training of nurses it is essential for the staff nurses and sisters to be thoroughly acquainted with the objectives aimed at and the methods to be used; this could be done by discussion at staff meetings.

*Married nurses.*—We noted that it was commonly found that married nurses with children could not attend to their duties regularly, and that maternity leave—often frequent—caused appreciable inconvenience. There was general agreement on the need for part-time work, or employment on a temporary basis, for married women.

*Men nurses.*—The training of men nurses has been discontinued in West Bengal and is likely to be discontinued in Uttar Pradesh also from next year.

*Exchange of nurses.*—It is felt that exchange of Nurses between various States say for a period of 2 years would lead to better understanding and widening of the out-look.

### APPENDIX III

MINUTES OF THE MEETING OF THE NURSING COMMITTEE APPOINTED BY THE CENTRAL COUNCIL OF HEALTH HELD ON AUGUST 20TH, 1954 AT 10 A.M. IN ROOM NO. 89, GROUND FLOOR, CENTRAL SECRETARIAT, NORTH BLOCK, NEW DELHI.

#### PRESENT

##### *Chairman*

1. Shri A. B. Shetty, Minister of Health, Madras.

##### *Members*

2. Shri Shantilal H. Shah, Minister for Health & Labour, Bombay.
3. Dr. A. D. Mukherji, Minister for Medical & Public Health, West Bengal.
4. Shri Jagat Narain, Minister for Health & Education, Punjab.
5. Shrimati Basanta Manjari Devi, Rajmata of Ranpur, Deputy Minister for Health, Orissa.
6. Dr. J. K. Saikia, Director of Health Services, Assam, Representative of Minister for Medical & Public Health, Assam.
7. Shri S. K. Sarkar, Deputy Secretary to Government (Medical Department), U.P., Representative of Minister for Health & Civil Supplies, U.P.

##### *Advisers.*

8. Lt. Col. Sangham Lal, Director of Medical Services, Madras.
9. Miss M. Doctor, Superintendent of Nursing Services, Bombay.
10. Dr. H. B. N. Swift, Director of Health Services, Punjab.
11. Shri S. N. Parija, Secretary to Government (Medical), Orissa.
12. Dr. N. B. Pattanayak, Director of Health Services, Orissa.
13. Miss A. Bullock, Superintendent of Nursing Services, Assam.
14. Dr. J. P. Gupta, Deputy Director of Medical & Health Services U. P.
15. Miss L. Williams, Superintendent of Nursing Services, U.P.

##### *By Invitation*

16. Dr. Sushila Nayar, Minister for Health & Rehabilitation, Delhi State.
17. Nawab Mehdi Nawaz Jung, Minister for Health, Hyderabad.
18. Shri P. Kunju, Minister for Health, Travancore-Cochin.
19. Dr. V. R. Narayanan Nair, Surgeon General with the Govt. of Travancore-Cochin.

20. Shri Govind H. Seth, Secretary to Govt., Delhi State.
21. Dr. M. S. Chadha, Director of Health Services, Delhi State.
22. Lt. Col. C. K. Lakshmanan Director General of Health Services, New Delhi.
23. Lt. Col. T. C. Puri, Deputy Director General of Health Services & Secretary, Central Council of Health.
24. Dr. E. F. Warner, Public Health Consultant to the Government of India.

*Secretary*

25. Miss T. K. Adranvala

Rajkumari Amrit Kaur, Union Minister of Health was also present during the discussion on salaries for nursing personnel.

*I. Administrative set up.*

1. *Superintendent of Nursing Services.*—It was noted that at present there were only five Superintendents of Nursing Services, also that it was difficult to obtain nurses with the requisite qualifications and experience for these posts.

It was agreed that it was necessary to have a Superintendent of Nursing Services in every State.

2. *A combined nursing service for both institutional and public health field.*—This question was included in the questionnaire sent to State Governments and others. The majority opinion as expressed in the replies was that the services should be a combined one. After a discussion on the merits of a post-certificate course in public health nursing, integration of public health in the basic course and a broadening of the health visitors course, it was agreed that public health nursing should be included in the basic training of nurses and midwives. It was also agreed that there should not be a separate organization for public health nurses; the service should be integrated with the existing nursing services.

*II. Criteria for assessing requirements for nursing personnel*

It was appreciated that, at present, it would not be possible to provide the number of nurses, etc., needed for an adequate service for the total population. The immediate goal, therefore, would be to ensure the provision of a minimum standard of nursing service in the existing hospital and public health services. As these services are extended the nursing staff should be increased proportionately.

It was agreed that the number of nursing staff needed be assessed on the following basis:-

- (1) *Hospitals.* 1 nurse (also qualified in midwifery for women's and maternity services) including students, to 3 patients in hospitals used for the training of nurses and midwives. The teaching and administrative staff and staff in special departments should not be included in the number of nurses.

1 nurse, also qualified in midwifery for women's and maternity services, to 5 patients in all other hospitals.

(2) *Domiciliary Midwifery.* 1 midwife to 100 births in rural areas. In towns and cities, in compact areas, 1 midwife to 150 births.

(3) *Public Health Field.* 1 public health nurse or health visitor to 10,000 of the population.

### III. Conditions of service.

1. *Recruitment.*—It was considered that the method of recruitment should be decided on by each State, but, in the recruitment of all nursing personnel, nurses qualified for the purpose, should be associated with the selection, and too much centralization, which may lead to delay in making appointments, should be avoided.

2. *Pay scales, allowances and pensions.*—It was felt that as there is an appreciable difference at present in the pay scales and allowances for nurses in the different States, it would not be practicable, at this stage, to recommend uniformity of pay scales and allowances for all grades of nursing personnel. It was decided, therefore, to recommend what were considered to be the minimum pay and allowances for nurses, midwives & health visitor.

#### (a) *Pay scales.*

*Nurses.* The desirable scale of pay would be Rs. 100 to 150, but the minimum should be Rs. 75 to 125, with, in all cases, allowances for board and lodging and uniform and laundry.

*Midwives.* It was desirable to give a starting pay of Rs. 75, but the minimum starting pay should be Rs. 50, with free quarters and an allowance of Rs. 10, per month for uniform and laundry.

*Health visitors.* The scale of pay should be Rs. 100 to 185, with free quarters and allowances as admissible to staff nurses in hospitals.

#### (b) *Allowances.*

*Messing.* It would be desirable to give an allowance of Rs. 2, per day, but in no case should it be less than Re. 1, per day.

*Uniform.* It would be desirable to give an allowance of Rs. 75, per annum, but the minimum allowance should be Rs. 50, per annum.

*Laundry.* The minimum allowance should be Rs. 3, per month.

#### (c) *Pension—Provident Fund.*

Opinion was unanimous that there should be provision for either pension or provident fund. A view was expressed that provident fund was more advantageous for nurses as many of them tend to leave service after marriage; it was, however, for each State to decide what form of provision be made.

3. *Living conditions.*—All the replies to the questions in the questionnaire sent to State Governments and others, on improving

working conditions, attracting better candidates and obtaining sufficient nurses, stressed the need for better housing for nurses.

It was agreed that nurses should be given suitable quarters; rent allowance should be given in rural areas where quarters may not be available. It was desirable that trained nurses should have single rooms; common rooms such as sitting room, dining room and library and facilities for recreation should also be provided.

4. *Hours of work.*—It was agreed that working hours should be limited to 48 to 54 hours per week.

5. *Non-nursing duties.*—This was one of the questions in the questionnaire sent out to State Governments and others. Most of the replies indicated that the appointment of ward clerks, not necessarily one to each ward, would lead to greater efficiency.

It was agreed that nurses should not be required to carry out such duties as collecting room rents from private patients; the Nursing Superintendent should be given a typist.

6. *Health of the nursing staff.*—It was agreed that there should be proper provision for a periodical physical examination and for treatment during illness and that this should be entrusted to senior members of the medical staff. There should also be facilities to carry out a proper isolation technique in nursing patients with communicable diseases.

#### IV. *Problems of Special Groups of Nurses.*

1. *Married nurses.*—Whether there should be part time work and a separate cadre for married nurses was one of the questions in the questionnaire sent to State Governments and others. Most of the persons who replied were of the opinion that married nurses with family responsibilities should not be on the permanent staff of the hospital, but should be given part time work and paid proportionately.

It was agreed that married nurses who could not fulfil all the requirements of permanent service, e.g., transfers from one place to another, should be given part time work.

2. *Men nurses.*—The position of man nurses was also one of the questions in the questionnaire. A majority of the replies were to the effect that opportunities for promotion for men nurses were very limited and it would be desirable to compensate them for lack of prospects by providing for a higher maximum pay with an efficiency bar, in the staff nurse's scale. The men nurses themselves are of the opinion that opportunities for promotion should be equal for men and women nurses.

The opinion of the Committee was that men nurses were needed for Police Hospitals and in men's sections of mental hospitals and Venereal Diseases departments. Further recruitment of men nurses should be in proportion to employment open to them.

## V. *Visiting Committee.*

It was considered advisable that a few training centres be visited and some nurses and persons concerned with nursing be interviewed before the next meeting of the Committee. A committee consisting of Col. Sangham Lal, Dr. H. B. N. Swift and Miss T. K. Adranvala was appointed for the purpose.

## VI. *Date and place of next meeting.*

The next meeting is to be held on October 16th. The kind invitation of Shrimati Basanta Manjari Devi, Rajmata of Rampur, to hold the next meeting in Orissa was accepted.

(Sd.) T. K. ADRANVALA,  
*Secretary.*  
 3-9-54.

(Sd.) A. B. SHETTY,  
*Chairman,*  
*Nursing Committee.*  
 2-9-54.

## APPENDIX IV

MINUTES OF THE 2ND MEETING OF THE NURSING COMMITTEE APPOINTED BY THE CENTRAL COUNCIL OF HEALTH, HELD ON 25TH NOVEMBER, 1954 AT 10-30 A.M. IN COMMITTEE ROOM, SECRETARIAT BUILDING, BOMBAY.

### PRESENT

#### *Chairman.*

1. Shri A. B. Shetty, Minister of Health, Madras.

#### *Members.*

2. Shri Shantilal H. Shah, Minister for Health & Labour, Bombay.
3. Dr. A. D. Mukharji, Minister for Medical & Public Health, West Bengal.
4. Shri Satyapriya Mohanty, Health Minister, Orissa.
5. Dr. S. K. Sarkar, Deputy Secretary to Government (Medical Department) U.P., Representative of Minister for Health & Civil Supplies, U.P.
6. Dr. J. K. Saikia, Director of Health Services, Assam, Representative of Minister for Medical and Public Health, Assam.
7. Dr. H. B. N. Swift, Director of Health Services, Punjab, Representative of Minister for Health, Punjab.

#### *Advisers*

8. Lt. Col. Sangham Lal, Director of Medical Services, Madras
9. Miss M. Doctor, Superintendent of Nursing Services Bombay.
10. Dr. N. B. Pattanayak, Director of Health Services, Orissa.
11. Dr. J. P. Gupta, Deputy Director of Medical & Health Services, U.P.

#### *By Invitation.*

12. Dr. Sushila Nair, Minister of Health, Delhi State.
13. Dr. M. S. Chadha, Director of Health Services, Delhi State
14. Lt. Col. T. C. Puri, Deputy Director General of Health Services, New Delhi.

#### *Secretary*

15. Miss T. K. Adranvala, Chief Nursing Superintenden Directorate General of Health Services, New Delhi.

Item No. I.—Confirmation of minutes of the meeting held on Aug. 20 1954.

The minutes were confirmed.

**Item No. II.—Report of the Sub-committee appointed to visit training centres.**

The report of the Visiting Committee was considered along with relevant items in the agenda.

**Item No. III.—Conditions of training for nurses, midwives and health visitors.**

(1) *Method of recruitment.*—It was considered that candidates who meet the minimum requirements should be interviewed by the Medical and Nursing Superintendents and Sister Tutor and that selection should be made on merit, giving special consideration to personality and a good home background. The recommendation of the Visiting Committee that "ordinarily married women, unless widowed, or separated from their husbands, should not be admitted for training. Students should not be allowed to marry during training period" was approved.

(2) *Minimum educational qualification.*—It was agreed that the minimum educational qualification should be the passing of matriculation or an equivalent examination including the senior examination from basic schools, provided that if a sufficient number of candidates who hold this qualification are not available, those who have failed in the matriculation or equivalent examination may be admitted for training if they are suitable in all other respects. The recommendation of the Visiting Committee that "with the introduction of new schemes for secondary education the minimum qualification for recruitment of nurses should be a Higher Secondary School Certificate or Pre-university Course" was approved.

(3) *Age for admission to training schools.*—It was appreciated that while some of the candidates who are not admitted for training because they are under 17, would be diverted to other work, it was felt that as the nursing imposed a measure of physical and mental strain it would not be desirable to reduce the age for entrance; it was also considered that the rate of wastage during training would be higher in younger students, and it was therefore decided that the minimum age for admission should be 17 years for general training, and 18 years for midwifery training.

(4) *Medium of instruction.*—It was noted that most of the persons who answered the questionnaires were of the opinion that English should be the medium of instruction for nurses, midwives and health visitors, and the local language should be the medium for auxiliary nurses and midwives. The Visiting Committee had also said in their report that "as long as medical education is conducted in English, it will be necessary for nurses and midwives to have a good knowledge of English for an intelligent understanding of their duties", and that "because of the dearth of reference books and professional journals in the regional languages, students need a knowledge of English to read English books and journals so that they may have a wider knowledge of their subject". It was considered that the advantages of English at the present time were that a large number of reference books and journals would be available, further study for advanced courses would be facilitated, it would be easier for the



nurse to work in different parts of the country, and it would be possible for her to collaborate more efficiently with her medical and other colleagues. The advantage of teaching in the regional language was that the students would not have the strain of studying in a language with which they may not be conversant. Taking into consideration the different opinions on this question it was considered that it may be left to each state to decide what should be the medium of instruction.

(5) *Requirements to be met by training centres.*—It was agreed that the requirements to be met by training centres regarding staff, class room teaching and equipment and the practice fields should be as prescribed by the Indian Nursing Council, except that it was considered that 400 deliveries per annum as a minimum requirement for a training centre for midwives, was excessive. It was resolved to recommend to the Indian Nursing Council that the number of deliveries required be in proportion to the number of students to be trained allowing 30 deliveries per student, and to also recommend that the number of students in each training centre should be not less than 6.

(6) *Living conditions.*—It was considered that nursing or midwifery students should not be allowed to live out during the training period and that adequate quarters should be provided for the nursing staff with proper facilities for study, recreation and healthful living.

(7) *Care of the students' health; facilities for recreation.*—It was agreed that the measures for the care of students health including hours of duty, should be as prescribed by the Indian Nursing Council.

(8) *Stipend and allowances.*—It was considered that messing uniform and laundry allowances for student nurses and midwives should be the same as those for trained nurses and that stipends during the training period be Rs. 15-5-3 per month, except for the first three months of training the stipend should be Rs. 10/- per month.

(9) *Bonds of service.*—It was noted that most persons who answered the questionnaires were of the opinion that student should be required, after qualifying, to give service for one or two years in order that she may get the experience she needs and the administration be able to get the full complement of staff. It was decided that students may be required to execute an agreement to give service for two years.

(10) *Opportunities for further study and refresher courses.*—It was agreed that State Governments be recommended to organise refresher courses for all categories of nursing staff and give facilities for further study.

(11) *Measures to attract good candidates to nursing.*—The suggestions made by persons who answered the questionnaires were considered and it was decided that they should be implemented as far as possible. The recommendations made by the Visiting Committee for improvement of training and working conditions by a system of counselling, regular staff meeting and staff education, courses

for ward sisters in ward teaching and management, provision of staff and equipment proportionate to the average number of patients, and by an inquiry into routine hospital practice to see whether it could be simplified, were also given approval.

**Item No. IV.—Auxiliary Nurses and Midwives.**

It was agreed that:—

- (1) auxiliary nurses and midwives should be given such nursing duties as are covered by the syllabus for the first examination, e.g., care of less serious patients, general cleanliness and tidiness of wards, accompanying patients to special departments, preparing dressings, filling hot water bottles, ice caps, etc.; they should also conduct normal deliveries and give antenatal and post-natal care;
- (2) no auxiliaries be appointed in hospital wards or departments used for the training of nurses and midwives;
- (3) in a training centre for auxiliary nurses and midwives the teaching and administrative staff (including sisters or nurses in charge of wards) be fully qualified;
- (4) in hospitals to which no training school is attached the nursing staff could be constituted largely of auxiliaries, provided that there is a fully trained nurse in charge of each ward or department and there is a minimum of four fully trained nurses on the staff;
- (5) auxiliary nurse and midwife may be appointed to work in health centres and sub-centres providing they are supervised by a Public Health Nurse or Health Visitor.

**Item No. V.—Any other business.—**

(1) *To consider a note from Lt. Col. Sangham Lal Director of Medical Services, Madras, regarding Service conditions for married nurses.*—That scheme drafted by Lt. Col. Sangham Lal, Director of Medical Services, Madras for service conditions for married nurses was discussed. It was resolved to recommend that State Governments should explore the possibilities of part time or temporary employment for married nurses.

There being no other business the meeting was adjourned.

(Sd.) T. K. ADRAVALA.

(Sd.) A. B. SHETTY.

20-12-54

13-12-54

Secretary,

Chairman,

Nursing Committee.

Nursing Committee.

# APPENDIX V

*Number of training centres and Staff for teaching and supervision of Students in training schools (1953)*

States	Number of Schools.				Others	Total	Number of Students	Sister Tutors	Ward Sisters	Superintendent Health Visitors
	Gen. Ng.	Mid-wifery	H. V.	ANM						
Andhra .	8	2	1	..	..	11	618	11	35	..
Assam .	9	..	..	1	..	10	390	6	37	..
Bihar .	9	1	..	..	..	10	623	5	69	..
Bombay .	35	15	2	..	..	52	2350	23	340	2
Madhya Pradesh	16	5	1	..	..	22	622	9	72	1
Madras .	19	20	1	1	..	41	2575	45	137	1
Orissa .	3	1	..	..	..	4	215	1	10	..
Punjab .	11	2	1	3	2ND	19	640	10	42	1
Uttar Pradesh	14	10	1	..	..	25	1336	13	149	1
West Bengal.	12	4	1	1	..	18	1256	10	63	1
Hyderabad .	5	2	1	..	..	8	444	4	97	1
Madhya Bharat	3	..	..	2	..	5	489	2	17	..
Mysore .	9	3	..	..	..	12	736	7	31	..
Rajasthan	5	..	..	..	2	7	527	5	6	..

Saurashtra	2	..	..	1	..	3	141	2	9	..
Travancore Cochin.	5	2	..	..	..	7	484	5	29	..
Pepsu	1	..	..	..	..	1	30	..	3	..
Delhi	6*	..	1	..	..	7	524	8	55	1
										*Including College of Nursing.
Vindhya Pradesh.	1	..	..	..	..	1	75	1	9	..
Himachal Pradesh.	..	1	..	1	..	2	45	..	..	Not available.
Bhopal	1	1	..	..	..	2	119	..	9	..
Ajmer	2	2	..	..	..	4	97	1	5	..
Kutch	..	..	..	1	..	1	22	..	..	..
Manipur	..	1	..	..	..	1	..	..	..	Not available.
TOTAL	176	72	10	11	4	273	14358	168	1234	9

(Jammu & Kashmir, Coorg, Bilaspur, Tripura and Andaman Nicobar Islands have no Schools during the year 1953)

**STATEMENT SHOWING NUMBER OF NURSES, MIDWIVES ETC. WHO  
QUALIFIED IN 1953 AND NUMBER OF TRAINING CENTRES**

**Number of students passed :—**

General Nursing . . . . .	1323
*Junior Nursing . . . . .	347
Nursing in Women and Children . . . . .	163
Midwifery . . . . .	1811
Assistant Midwife's course . . . . .	172
Male Nursing . . . . .	137
Health Visitor's course . . . . .	53
Nurse Dais . . . . .	188
Dais . . . . .	385

**Number of training Centres :—**

In General Nursing . . . . .	177
*In the Junior Certificate in Nursing . . . . .	32
In Nursing of Women & Children . . . . .	36
In Midwifery . . . . .	207
To Assistant Midwives . . . . .	67
To Health Visitors . . . . .	9
To Male Nurses . . . . .	52
To Nurse Dais . . . . .	13
To Dais . . . . .	111

\*By the Junior Certificate in Nursing is meant the Certificate of the Junior or B Grade course, not the first or junior examination of general training.

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**T al number of names entered in the State Registers upto the 31st December 1953 o**

<b>Nurses</b>	{ Senior . . . . .	17115
	{ Junior . . . . .	1965
<b>Midwives</b>	{ Senior . . . . .	19440
	{ Junior . . . . .	2760
	Health Visitors . . . . .	684
	Dais . . . . .	3700
	Nurse Dais . . . . .	864

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## APPENDIX VI

### **Statement of pay and allowances admissible to different categories of Nursing Staff in the Part A, B, C and D States**

#### *List of abbreviations used*

R. A.	.	.	.	.	.	Ration allowance.
M. A.	.	.	.	.	.	Messing allowance.
U. A.	.	.	.	.	.	Uniform allowance.
Dh. A.	.	.	.	.	.	Dhobi allowance.
D. A.	.	.	.	.	.	Dearness allowance.
Fr. Qr.	.	.	.	.	.	Free Quarter.
H. R. A.	.	.	.	.	.	House rent allowance.
P. F.	.	.	.	.	.	Provident Fund.
G. P. F.	.	.	.	.	.	General Provident Fund.
C. P. F.	.	.	.	.	.	Contributory Provident Fund.
Pen.	.	.	.	.	.	Pension.
C. A.	.	.	.	.	.	Compensatory allowance.

# SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.

Category of Posts	Madras	Bombay	Uttar Pradesh	Bihar
	Rs	Rs.	Rs.	Rs.
1. Matron .	<p>pdt. Grade I Rs. 275- 25/2- 325</p> <p>R.A. 43/12/- U.A. 100/- p.a. Dh.A. 3/- D.A. 57/- Fr. Qr. P.F./Pen.</p>	<p>350-<sup>25</sup>-500 250-20-350 200-10-250 † Spl. pay 50/-</p> <p>M.A. 45-60 U.A. 100/-p.a. Dh. A. 3/- D.A. 1/3 rate Fr.Qr., P.F./Pen. ‡ C.A.</p>	<p>370-10-400- E.B.-410-450 280-8-320- E.B.-10-400</p> <p>M.A. 30/- U.A. nil Dh. A. 6/- D.A. 35/- Fr. Qr. P.F.‡</p>	<p>A. 325-15-400 B. 250-10-300 C 200-10-2</p> <p>M.A. 50 - U.A. 100/-p.a. Dh. A. 2/8/- D.A.(C.L.A.)<sup>1</sup>/<sub>2</sub> rate. Fr. Qr. C. P. F. at Patna Med. Coll Hosp.</p>
2. Assistant Matron	<p>Ng. Supdt.Gr. II 200-25/2-250 N.g Supdt.Gr. III 165-10/2-175 -15/2-205 R.A. 43/12/- U.A. 100/- p.a. Dh.A. 3/- D.A.43/12/-,35/- Fr. Qr., P. F./Pen.</p>	<p>250-20-350 150-10-220 M.A. 45 &amp; 60/- U.A. 100/- p.a. Dh. A. 3/- D.A. 1/3 rate Fr. Qr. P.F./Pen. ‡ C.A.</p>	<p>225-5-250- E.B.-10-300 M.A. 30/- U.A. nil Dh. A. 6/- D.A. 35/- Fr. Qr. P.F.</p>	<p>No Post.</p> <p>Sister Tutors of Patna Med. Coll Hosp. designa- ted as Sister Tu- tor-cum- Assis- tant Matron</p>
3. Sister Tutor	<p>Ng. Tutor (I) 200-25/2-250 (II) 165-10/2 175-15-205</p> <p>R.A. 43/12/- U.A. 100/-p.a. Dh. A. 3/- D.A. 41/- Fr. Qr. P.F./Pen.</p>	<p>200-10-250 150-10-200</p> <p>M.A. 45 or 60/- U.A. 75/-p.a. Dh.A. 3/- D.A. <sup>1</sup>/<sub>2</sub> rate Fr. Qr./H.R.A. P.F./Pen. ‡ C.A.</p>	<p>200-5-225- E.B.-5-250 Spl. pay 25/-for holding Sr. Tr. Diploma M.A.30/- U.A. nil Dh..A. 6/- D.A. 35/- Fr. Qr. P.F.</p>	<p>300-10-350 200-10-250 190-7-225</p> <p>M.A. 50/- U.A. 100/-p.a. Dh. A. 2/8/- D.A. <sup>1</sup>/<sub>2</sub> rate Fr. Qr.</p>
4. Sister	<p>Head Nurse 150-5-200</p> <p>R.A. 30/- U.A. 100/-p.a. Dh. A. 3/- D.A. 26/- Fr. Qr. P.F./Pen.</p>	<p>125-5-140- 10-200 * Spl. pay 20/- Spl. pay 30/- M.A. 45-60/- U.A. 75/- p.a. Dh. A. 3/- D.A. <sup>1</sup>/<sub>2</sub> rate Fr. Qr./H.R.A. P.F./Pen. ‡ C.A.</p>	<p>160-8-200</p> <p>M.A. 30/- U.A. } Dh. A. } 6/- D.A. 35/- Fr. Qr. P.F.</p>	<p>100-6-190</p> <p>M. A. 50/- U.A. 100/-p.a. Dh. A. 2/8/- D.A. <sup>1</sup>/<sub>2</sub> rate. Fr. Qr.</p>

\* For Sisters working as Night Superintendents.

‡ Admissible in Government Hospital in Bombay, Thana and Ahmedabad.

† In Cent. Ment. Hospital, Yervada.

£ In provincialised Sadar Hospitals and not in Patna Med. Coll. Hosp. or Darbha Medical College Hospital.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Madras	Bombay	Uttar Pradesh	Bihar
5. Staff Nurse (Female)	<p align="center">Rs.</p> <p>85—5—150</p> <p>R.A. 30/- U.A. 75/- p.a. Dh. A. 3/- D.A. 18/- Fr. Qr. P.F./Pen.</p>	<p align="center">Rs.</p> <p>80—5—100</p> <p>†*Spl. pay 15/- 100—5—125—6—185</p> <p>M.A. 45—60/- U.A. 75/- p.a. Dh. A. 3/- D.A. ½ rate Fr. Qr./H.R.A. P.F./Pen. ‡C.A.</p>	<p align="center">Rs.</p> <p>65—5—90—5—120</p> <p>M.A. 30/- U.A. 6/- Dh. A. 3/- D.A. 25—30/- Fr. Qr./H.R.A. P.F.</p>	<p align="center">Rs.</p> <p>(A) 100—5—125—5—150 (B) 60—2—80—EB—2—100.‡ M.A. 50/- U.A. Gr. A. 50/- Gr. B 43/12/- p.a. D.A. ½ rate p.a. Dh. A. 2/8/- Fr. Qr. Pen.</p>
6. Staff Nurse (Male)	<p>85—5—150</p> <p>R.A. 30/- U.A. 75/- p.a. Dh. A. 3/- D.A. 18/- Fr. Qr./H.R.A. P.F./Pen.</p>	<p>†100—5—125—6—185—80—5—100</p> <p>*Spl. pay 15/- M.A. 45—60/- U.A. 75/- p.a. Dh. A. 3/- D.A. 1/3rd rate Fr. Qr./H.R.A. P.F./Pen. ‡C.A.</p>	<p>65—5—90—EB 5—120.</p> <p>M.A. 30/- U.A. nil. Dh. A. 6/- D.A. 25—30/- *Fr. Qr./H.R.A. P.F.</p>	<p>Gr.(B.) 60—2—80 E.B.—2—100</p> <p>M.A. 40/- U.A. 43/12 p.a. Dh. A. 2/8/- D.A. ½ rate H.R.A.</p>
7. Student Nurse (Female)	<p>Pupil Nurse (Femal)</p> <p>1st yr. 15/-p.m. 2nd yr. 20/-p.m. 3rd yr. 25/-p.m. 4th yr. (Mid-wifery) 30/-p.m. as Stipend</p> <p>R.A. 30/- U.A. 37/- p.a. Dh. A. 2/- D.A. 16/- Fr. Qr.</p>	<p>Stipend 1st 3 months 10/p.m. Not passed 1st 20/p.m. 1st Exm. 30/p.m. Mid. after passing Fin. exm-30/-p.m. Spl. Pay 5/- to 10/-</p> <p>M.A. 45-60/- U.A. 75/-p.a. Dh. A. 3/- ‡C.A. Fr. Qr. H.R.A./D.A. 1/3 rate.</p>	<p>20—5—30</p> <p>M.A. 30/- U.A. 6/- Dh. A. nil. D.A. 22/- Fr. Or.</p>	<p>Gr.(A.) 35,45,55/- Gr.(B.) 28,34,40/-</p> <p>M.A. Gr. A 50 Gr.(B.) 40/- U.(A) Gr. A 50 p.a.</p> <p>U.A. Gr. B. 43/12/-p.a. Dh. A. 2/8/- D.A. ½ rate.</p>
8. Student Nurse (Male)	<p>(Pupil Nurse) (Male)</p> <p>1st yr. 15/-p.m. 2nd yr. 20/p.m. 3rd yr. 25/p.m. 4th yr. (Psychiatry Trg.) 30/-p.m. R.A. 30/-as Stipend</p> <p>U.A. 25/-p.a. Dh. A. 2/- D.A. 16/- Fr. Qr.</p>	<p>As above</p>	<p>20—5—30</p> <p>M.A. 30/- U.A. 6/- Dh. A. nil. D.A. 22/- Fr. Qr./H.R.A.</p>	<p>Gr.(A.) 35,45,55 Gr.(B.) 28,34,40 M.A. Gr.(A.) 50/- Gr.(B.) 40/- Dh. A. 2/8/- D.A. ½ rate. Fr. Qr. U.A. Gr. A. 50/-p.a.</p> <p>Gr. (B.) 43/12/-p.a.</p>

\* In Mental Hospitals.

† T.B. Clinic Nurses.

‡ Admissible in Govt. Hospitals in Bombay, Thana & Ahmedabad.

£ In Provincialized Sadar Hospitals & not in Patna & Darbhanga Medical College Hospitals.

\*\*Wherever available.



**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Madras	Bombay	Uttar Pradesh	Bihar
9. Health Visitor.	<p align="center">Rs.</p> <p>85—5—150 (Govt.) 60—2—100 (P.H. &amp; Local bodies) R.A. nil. U.A. 50/- p.a. Dh.A. 3/- D.A. 24/- H.R.A./Fr. Qr.</p> <p>P.F./Pen. Conveyance allowance 15/- in Govt. Hosp.</p>	<p align="center">Rs.</p> <p>100—5—125—6 185 Local Bodies M.A. 45—60/- U.A. 75/-p.a. Dh. A. 3/- Fr. Qr./H.R.A. P.F./Pen.</p> <p>†C.A. D.A. ½ rate</p>	<p align="center">Rs.</p> <p>75—5—120— EB—8—200 Conv. Allowance 25/-</p> <p>M.A. } U.A. } Nil Dh.A. } D.A. 25/-</p> <p>£Fr. Qr./H.R.H. P.F./Pen.</p>	<p align="center">Rs.</p> <p>60—2—80—E.B.— 2—100</p> <p>M.A. 40/at Patna Med.Coll. Hosp. U.A. 43/12 Dh.A. 2/8/- D.A. ½ rate at Patna Med.Coll. Hosp. D.A. usual. I.S. **Fr.Q. Conv.allowance, 5/-</p>
10. Midwife	<p>Maternity Assistant. 40—3—55—1— 70.</p> <p>R.A. nil. U.A. 40/-p.a. Dh. A. 1/12/- D.A. 21/- H.R.A. P.F./Pen.</p>	<p>75—5—100</p> <p>†C.A. M.A. 45—60/- U.A. 75/p.a. Dh. A. 3/ D.A. ½ rate. H.R.A. Fr.Qr. P.F./Pen.</p>	<p>45—2—65— EB—3—80— EB—4—100</p> <p>M.A. } U.A. } Nil Dh. A. } D.A. 20—25/- Fr. Qr. P.F./Pen. Con. Allce. 8/-</p>	<p>45—2—55— EB—2—75</p> <p>U.A. } M.A. } Nil Dh. A. } D.A. usual rate. Fr. Qr. H.R.A. P.F./Pen.</p>
11. House Keeper	<p>I.Gr. 90—3—120 II.Gr. 70—1—90 III.Gr. 45—1—70</p> <p>R.A. 30/- U.A. 25/p.a. Dh. A. 1/8/- Fr. Qr. D.A. 18/- P.F./ pen.</p>	<p>75—5—125</p> <p>†C.A. M.A. 45—60/- U.A. 75/p.a. Dh. A. 3/ D.A. ½ rate. Fr. Qr. H.R.A. P.F. Pen.</p>	<p>75—4—95—5— 125 M.A. 30/-</p> <p>U.A. } Dh. A. } 6/- D.A. 25-30 Fr. Qr. P.F.</p>	<p>60—2—80—2— EB—100</p> <p>D.A. see below.† M.A. 45— U.A. 43/12/at DMCH 35/-at L.E.Z. Gaya and DMCH Dh. A. 2/8/- Fr. Qr. Pen. at D.M.C.H.</p>
Trained Dai	<p align="center">Nil.</p>	<p>40—1—50—2— 60</p> <p>M.A. nil, U.A. 2/4/- Dh. A. 2/8/- D.A. Full rate i.e. 35/- Fr. Qr. P.F./ pen</p>	<p>20—½—25</p> <p>M.A. nil. U.A. nil. Dh. A. nil. D.A. 20/- P.F./Pen. Fr.Qr.</p>	<p>28—1(bi)—40</p> <p>M.A. } U.A. } Nil. Dh. A. } D.A. usual rate. *Fr. Qrts./H.R.</p>
13. Nurse Dai	Nil	Nil	Nil	Nil

\* In Mental Hospitals.

†Compensatory allce. admissible in Govt. Hospital in Bombay, Thana and Ahmedabad.

\*\*At Itki Sanatorium.

£where available.

†½ rate at Patna Med. Coll. Hosp., No. C.L.A. at Lady Elgin Zen. Hosp. Gaya.

Rs. 14/8/- at Darbhanga Med. Coll. Hospital.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Madhya Pradesh	West Bengal	Punjab	Assam
1. Matron	<p align="center"><b>Rs.</b></p> <p>Present incumbent Mayo Hospital Nagpur.</p> <p>i. 350—10—450</p> <p>ii. 300—20/2—400</p> <p>iii. 200—10—300</p> <p>* { M.A. 45/- U.A. 100/-p.a. Dh. A. 5/- D.A. 35—50/- Fr. Qr.</p> <p>*Only for present incumbent of the post mentioned above,</p>	<p align="center"><b>Rs.</b></p> <p>350—10—450 150—250</p> <p>*M.A. 1/4/- to 2/- per diem. U.A. 5/- Dh. A. 5/- Fr. Qr. P.F.</p>	<p align="center"><b>Rs.</b></p> <p>250—10—350</p> <p>M.A. 3/-per diem. U.A. 15/-</p> <p>Dh. A. nil. D.A. 25—30 Fr. Qr. H.R.A. P.F.</p>	<p align="center"><b>Rs.</b></p> <p>200—10—300 M.A. 50/-</p> <p>Dh. A. 2/- U.A. 1 yr. 100/- Thereafter 40/-p.a. D.A. 17½% 20% of pay Fr. Qr./H.R.A. P.F./Pen.</p>
2. Assistant Matron	<p>200—10—300</p> <p>M.A. } Nil U.A. } Dh. A. } D.A. As admissible.</p> <p>Fr. Qr.</p>	<p>250—10—350 200—10—300</p> <p>*M.A. 1/4/- to 2/-per day. U.A. 5/- Dh. A. 5/- D.A. Nil.</p> <p>Fr. Qr. P.F.</p>	<p>100—10—140</p> <p>M.A. 2/4/- per diem. U.A. 15/- Dh. A. nil. D.A. 20/-</p> <p>Fr. Qr. H.R.A. P.F.</p>	<p>150—5—200</p> <p>M.A. 50/- U.A. 1 yr. 1st apptt. 100/ Thereafter, 40/- p.a. Dh. A. 2/- D.A. 17½ per cent to 20 per cent of pay. Fr. Qr./H.R.A. P. F./Pen.</p>
3. Sister Tutor	<p>175—10—225</p> <p>M.A. nil. U.A. nil. Dh. A. nil. D.A. as admissible i.e., 35&amp;40 Fr. Qr.</p>	<p>Varies from 175—250—350</p> <p>*M.A. 1/4/- to 2/- per diem, U.A. 5/- Dh. A. 5/- Fr. Qr. P.F.</p>	<p>170—10—250</p> <p>M.A. 3/-per diem U.A. 15/- Dh. A. nil. D.A. 22½—25/- Fr. Qr./H.R.A. P.F.</p>	<p>140—5—190 M.A. 50/- U.A. 1st yr. 1st appt. 100/; thereafter 40/- p.a. Dh. A. 2/- .. D.A. 17½per cent to 20 per cent of pay. Fr. Qr. H.R.A. P.F./Pen.</p>
4. Sister	<p>175—10—225</p> <p>M.A. nil. U.A. nil.</p> <p>Dh. A. nil. D.A. 35/- Fr. Qr.</p>	<p>150—10—200— 250—200—5— 250</p> <p>*M.A. 1/4/- to 2/- per day. U.A. 5/-</p> <p>Dh. A. 5/- Fr. Qr. P.F.</p>	<p>150—10—200</p> <p>M.A. 3 per diem U.A. 15/-</p> <p>Dh. A. nil. D.A. 22½—25/- Fr. Qr. H.R.A.  P.F.</p>	<p>140—5—190</p> <p>M.A. 50/- U.A. 1st yr. 1st apptt. 100/ Thereafter 40/p.a. Dh. A. 2/- D.A. 17½per cent to 20 per cent of Fr. Qr./HRA P.F./Pen</p>

\*Rs. 37/8/- in Howrah Gen. Hospital and Jalpaiguri Hospital

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Madhya Pradesh	West Bengal	Punjab	Assam
5. Staff Nurse (Female)	Rs. 105—5—130 Bar—5—160 M.A. nil. U.A. nil. Dh. A. nil. D.A. 33—35/- Fr. Qr.	Rs. i. Sen 130—5—180 ii. Jun. 90—6/2—120. iii. 60—85, iv. 65, v. 90—4—130. M.A. 1/4/- to 2/- diem U.A. 5/- } Dh. A. 5/- } i—v Fr. Qrts. } Ad. int. increase iii. & iv.	Rs. 60—5—100 + M.A. 30/plus. 1/-per diem. U.A. 10/- Dh. A. nil. D.A. 20—40++ Fr. Qr./H.R.A. Pen.	Rs. 50—2—70—5—100 M.A. 30/- U.A. 1st yr. 75/- Thereafter 30/- p.a. Dh. A. 2/- D.A. 15 %—20 percent of pay plus Rs. 6/- P.F./Pen. Fr. Qr. H.R.A.
6. Staff Nurse (Male)	80—5—130— Bar—5—160. M.A. nil. U.A. nil. Dh. A. nil D. A. 33—35/- Fr. Qr.	—Do— and P.F.	50—3—80/4—100 M.A. nil. U. A. 10/- Dh. A. nil. D.A. 30 to 40 Fr. Qr./H.R.A. Pen+. P.F.++	50—2—70—5—100 M. A. 30/- U.A. 1st year 75/- Thereafter 30/-p.a. D.A. 15 % to 20% P.F./Pen. Fr. Qrts./H.R.A.
7. Student Nurse (Female)	@Stipend 30-5-40 M.A. nil. U. A. nil Dh. A. nil. D.A. 26—28/- Fr. Qr.	Sen. Jun. 1 yr. 25 20 2 yr. 30 25 3 yr. 35 30 4 yr. 40 35 M.A. 1/4/- to 2/- per day. U.A. 5/- Dh. A. Sr. 5/- Jr. 1/4/- to 2/- Fr. Qr.	25—35—50 M.A. 30/plus Rs. 1 per diem U.A. 10/-/- Dh.A. nil. D.A. 15/- Fr. Qr.	Pocket allowance. 1st 2 yrs. 15/- 3rd yr. 20/- M.A. 30/- U.A. 1st yr. 75/- Thereafter 30/- p.a. Dh. A. 2/- D. A. nil. Fr. Qr.
8. Student Nurse (Male)	Nil.	Nil.	Maintenance Allce. 25/- M. A. nil. U.A. nil. Dh. A. nil. D.A. 30/-	Nil.
9. Health Visitor.	80—80—4—120 —Bar—3—150. M.A. nil. U.A. nil. Dh. A. nil. D.A. 33 or 35/- H.R.A. 5/-At Jubbulpore, Nagpur and Amraoti G.P.F. No. Pension	75—5/2—125* 110—4—150(Not eligible for ad int. increases) D.A. 40—45 Qrts./H.R.A. *plus 1st Ad. Int pay 10/-plus 2nd Ad-Inst. pay of 20 percent of pay including 1st. int. pay. Con. Allce.	75—5—120/5—150 M.A. Nil. U.A. Nil. Dh. A. Nil. Pen. Fr. Qr. D.A. 40/-	80—5—120—6—150 50—5/2—7 M.A. 30/- in Chest Hospl. U.A. Nil. Dh. A. nil. * D.A. 15 percent of Pay+6/- in Coll. Hosp. P.F./Pen. Conv. Allce. on Govt. Specific sanction 5—15/-

@ Women to start on Rs. 105/-.

++ Except for those employed at District Tehsil Hd. Quarters.

+ At District and Tehsil Hd. Quarters.

\* Cash Allce. 6/- Plus Interim Relief 4/- in Chest Hosp.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of post	Madhya Pradesh	West Bengal	Punjab	Assam
10. Midwife	Rs. 50—3—80—Bar —2½—100. M.A. nil.  U.A. nil. Dh. A. Nil. D.A. 26—28 upto pay Rs. 44 and 33—35 on pay Rs. 45 and over Fr. Qr. nil.	Rs. <i>i</i> 35 <i>ii</i> 35—58 <i>iii</i> 60—3—90 Ad. int. increases <i>i</i> 8 + 4 <i>ii</i> 4—10 & 8—14. D.A. <i>i</i> 25 <i>ii</i> to <i>iii</i> 25—35/- Con. A <i>i</i> 15/- R.A. <i>ii</i> & <i>iii</i> 5 Fr. Qrts. <i>i</i> at Health Centres. H.R.A. <i>ii</i> 10/- in State mana- ged hospls. <i>iii</i> 10/-or Fr. Qrts. if available in State Hospls. Asst. Nurse cum Midwives 40— 10/2—60 Ad. int increases 10 + 10 D.A. 35/-R.A. 5/- Fr. Qrts.	Rs.          No.post	Rs. 45—2—65—3— 80. M.A. nil. U.A. nil. Dh. A. nil. D.A. 15 per cent to 20 per cent of pay plus Rs. 6. Fr. Qrts. P.F. /Pen.
11. House Keeper.	105—5—160 M.A. nil. U.A. nil. Dh. A. nil. D.A. 33-35/- Fr. Qr.	90—4—130 M.A. 1/4/-to 2/ per day. D.A. nil. U.A. 5/- Dh. A. 5/- P.F. Fr. Qr.	60—5—80 M.A. 30 plus Re. 1- per day. U.A. & Dh. A. 10/- D.A. 20 <i>i.e.</i> ¼ of usual rate. Fr. Qr. P.F./Pen	100—5—150 M.A. nil. U.A. nil. Dh. A. nil. D.A. 20 per cent of pay <i>i.e.</i> 27/- Fr. Qr. H.R.A. Pen /P.F.
12. Trained Dai.	Nil.	35 + Ad. Int. in- crease 4 & 8/- M.A. Nil. C.A. 15/- U.A. nil. R.A. 5/- Dh. A. nil. D.A. 25/- Fr. Qr.	30—1—40 D.A. 30/- M.A. Nil. U.A. nil. Dh. A. nil.	Nil.
13. Nurse Dai	Nil.	*varies from 35 to 58 plus ad. Int. increase of pay. R.A. 5/- U.A. Nil Dh. A. nil.  D.A. 25—35/- Fr. Qrts. H.R.A.	47½—2—67½ plus Allice. of Rs. 5/- p.m. if posted. at H. Qrts. Hospls. of Districts. M.A. nil. D.A. 30—40/- U.A. nil Dh. A. nil. Pen. Qrts/ HRA.	Nil.

\*Partially trained nurse.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts.	Orissa	Rajasthan	Mysore	Madhya Bharat
1. Matron.	Rs. 155—5—160— 10—220—E.B. 10/2—250  M.A. nil. U.A. 1st yr. 70/- thereafter 35/- p.a. Dh. A. nil. D.A. 24—26/- Fr. Qr. C.P.F.	Rs. 250—20—450 (Grade I) 200—15—350 (Grade II)  M.A. 40/- U.A. 6 sets per year. Free laundry. D.A. 35/- Fr. Qr. P.F./Pen.	Rs. Ng. Supdt. (I Grade)  200—10—300 R.A. } 45/- U.A. } Dh. A. nil. D.A. 35—45/- Fr. Q r. P.F./Pen.	Rs. 150—10—250  U.A. 10/- Free messing. & free washing D.A. 1/3 rate 32/- Fr. Qr. Pen.
2. Assistant Matron.	Nil.	175—10—225— E.B.—12½—250  M.A. 40/- U.A. 6 sets per yr. Free Laundry D.A. 35/- Fr. Qr. P.F./Pen.	Ng. Supdt. II Grade 125—5— 150 R.A. & U. A. 35/- Dh. A. nil. D.A. 27/8—35/- Fr. Qr. P.F./Pen.	125—5—175  Free messing & free washing U.A. 10/- D.A. 1/3 rate of 31/- Fr. Qr. Pen.
3. Sister Tutor.	155—5—160— 10—220—E.B. 10/2—250 M.A. Nil. U. A 1 year. 70/- thereafter 35/-p.a. Dh. A. nil.  D.A. 24—26/- Fr. Qr. C.P.F.	150—5—200  Teaching Allce. 50/- M.A. 40/- U.A. 6 sets per yr. Free laundry. D.A. 30/- Fr. Qr. P.F./Pen.	125—5—150  R.A. } 35/- U.A. } Dh. A. nil. D.A. 27½—35/- Fr. Qr. P.F./Pen. }	125—5—175  free washing & free messing U.A. 10/- D.A. 1/3 rate of 31/ Fr. Qr. Pen.
4. Sister	125—8—165— 10—185 M.A. nil. U.A. 1st yr. 70/- thereafter 35/- p.a. Dh. A. nil. D.A. 22—24/- Fr. Qr. C.P.F.	150—5—200  M.A. 40/- U.A. 6 sets per yr. Free laundry D.A. 30/- Fr. Qr. P.F./Pen.	No post.	100—5—150  Free messing & free washing U.A. 10/- D.A. 1/3 rate of 31/- Fr. Qr. Pen.
5. Staff Nurse (Female)	85—2—97—3— 115 M.A. nil. U.A. 1st yr. 40/- thereafter 20/-p.a. Dh. A. nil.  D.A. 20—22/- Fr. Qr./HRA C.P.F.	100—5—150  M.A. 40/- U.A. 6 sets per yr. Free Laundry D. A. 30/- Fr. Qr. P.F./Pen.	(i) 75—5/2—100 (ii) 45—5/2—70  R.A. } 24/- U.A. } Dh. A. nil. D.A. 20—27½/- *Fr. Qr/H.R.A.† P.F./Pen.	75—5—100  Free messing & free washing U.A. 5/- D.A. 1/3 rate of 31/- Fr. Qr. if avail- able Pen.

\*If accommodation is available.

†In some cases.

**Madhya Bharat : A grant of Rs. 40/-p.m. per nurse for free boarding and free washing is allotted.**

**SCALES OF PAY, ALLOWANCES. AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Orissa	Rajasthan	Mysore	Madhya Bharat
	Rs. 50—2—70	Rs. 100—5—150	Rs. I Grade 75—5/2—100 II Grade 45—5/2—70. R.A. & U.A. 24/- Dh. A. nil. D.A. 20—27/8- *Fr. Qr./H.R.A.† P.F./Pen.	Rs. 75—5—100 Free messing & free washing. U.A. 5/- D.A. 1/3 rate of 31 Fr. Qr. if available Pen.
6. Staff Nurse (Male)	M.A. nil. U.A. 1st yr. 40/- thereafter 20/- p.a. Dh. A. nil. D.A. 20/- Fr. Qr./H.R.A. C.P.F.	M.A. 40/- Uniform 6 sets per year. Free laundry. D.A. 30/- Fr. Qr. P.F./Pen.		
7. Student Nurse (Female)	Stipend 40/- M.A. nil. U.A. nil. Dh. A. nil. Fr. Qr.	1st 18 months 20/- 2nd 18 months 25/30/- 3rd 12 months 30/- M.A. 40/- Uniform 6 sets per year. Free laundry D.A. 15/- Fr. Qr.	Stipend 30/- M.A. nil. U.A. nil. Dh. A. nil. D.A. 20—23/- Fr. Qr.	Stipend 1st yr. 20/- 2nd yr. 25/- 3rd yr. 30/- 4th yr. 35/- Free messing Free uniform Fr. Qrs. if available. D.A. nil. Dh. A. nil.
8. Student Nurse (Male)	Stipend 40/- M.A. nil. U.A. nil. Dh. A. nil. Fr. Qr.	1st 18 months 20/- 2nd 18 months 25/30/- 3rd 12 months 30/- M.A. 40/- Uniform 6 sets per year. Free laundry D. A. 15/-	Nil.	Stipend 1st yr. 20/- 2nd yr. 25/- 3rd yr. 30/- 4th yr. 35/- Free messing. Free uniform Dh. A nil. D. A nil Fr. Qr. if available
9. Health Visitor	125—8—165—10—185 M.A. } U.A. } nil. Dh.A. } D.A. 22—24/- Fr. Qr. G.P.F./Pen.	60—4—100—5—130 M.A. nil. U.A. nil. Dh. A. nil. D.A. 25—30/- P.F./Pen.	No post.	100—5—150 40—3—70 M.A. } U.A. } nil. Dh.A } D.A. 31/- Pen.
10. Midwife	50—2—60—EB 1—65 M.A. nil. U.A. 1st yr 16/- D.A. 20/- Dh. A. nil. G.P.F./Pen. H.R.A of Rs.8/- p.m. in lieu of rent free Qrts.	60—3—90—4—110—5—130 M.A. nil. U.A. nil. Dh. A. nil. D.A. 25—30/- P.F./Pen.	30—2—50 R.A. 10/-** U.A. 2/8/- D.A. 20—23/- †Fr. Qr./H. R.A.% P.F./Pen. Dh.A. nil.	50—5—75 Free washing and free messing U.A. 5/- D.A. 1/3 rate of 31/- Fr. Qr. if available. Pen.

\*If accommodation is available.

†In some cases.

\*\*Where there is in-patient accommodation.

‡Wherever available.

%Only in certain places.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Post	Orissa	Rajasthan	Mysore	Madhya Bharat
11. House Keeper	Rs.  Nil.	Rs.  Nil.	Rs. 75/-, 50—70 Asstt. House Keeper M.A. nil U. A. nil Dh. A nil D. A. 23/- Fr. Qr. P.F./Pen.	Rs.  Nil.
12. Trained Dai	24—1/2—34 M.A. nil U.A. 20/-p.a. Dh.A. nil Fr. Qr. D.A. 14 plus A.D.A. 5/-, H.R.A. 3/- G. P.F. Pen.	30—1—45 M. A. nil U.A. nil Dh. A nil D.A. 15/- P.F./Pen.	Nil	25—1—30 M.A. nil U.A. nil. Dh. A nil D.A. 25/- Pen
13. Nurs Dai	Nil	35—2—55—4— 75 M.A. nil U.A. nil Dh. A nil D.A. 15—25/- P.F./Pen.	Nil	35—3—65 Free messing free washing U.A. 5/- D.A. 1/3rd rate of 25/- Fr. Qrs. if available Pen.

**MADHYA BHARAT**

D.A. on pay below 40/- \*25/or 24/-

Do. 40/- and not exceeding 150/-\* 31/- or 21/-

\*AT expensive Cities.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Post	Jammu and Kashmir	Travancore Cochin	Hyderabad	Saurashtra
1. Matron	Rs. 300-25-500 M. A. 50/- U. A. } 25/- Dh. A. } D. A. nil Fr. Qr. (rent free only)	Rs. 125/- Honorarium: 175/- M. A. 10/- U. A. -Uniform Dh. A. 3/- D. A. 33/- Crockery 10/- Fr. Qr. C.P. F./Pen. Servant allowance 15/-	Rs. 250-550 I. G. M. A. 30/- U. A. 75/- p. a. Dh. A. 2/8/- D.A. (usual rate) Fr.Qr. i.e. 17½% Pen.	Rs. 125-7-160-8-200 M.A. 40/- plus 10/-* U. A. 40/- p. a. Dh. A. nil D. A. 40/3 Fr. Qr. Pen.
2. Assistant Matron	Nil	Nil	250-450 O. S. (Junior Matron) M. A. 30/- U. A. 75/- p. a. Dh. A. 2/8/- D. A. at the rate of 17½% Fr. Qr. Pe .	100-5-150 M.A. 30/- plus 10/-* U. A. 40/- p. a. Dh. A. nil D. A. 1/3rd of Rs. 40/-
3. Sister Tutor.	No post.	80-5-120 M.A. 10/- U.A. Uniform Dh. A. 2/- C.P.F./Pen. D.A. 33/-	200-325 plus 20/- Allee. M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D.A. 17½% Fr. Qr./ H.R.A. pen.	100-5-150 M.A. 30/- plus 10/-* U.A. nil. Dh. A. nil. D.A. 1/3 of 40/- Fr. Qr. Pen.
4. Sister	150 —10—250 M.A. 40/- U.A. } 20/- Dh. A. } D.A. nil. Fr. Qr. (Jammu) —rent free only	60-100 Honorarium : 100, 125 or 150 M.A. 10/- U.A. Uniform Dh. A. 3/- Servant, Allee. 15/- D.A. 33/- Crockery 10/- Fr. Qr. P.F./Pen.	Sr. 200-325 Jr. 125-200 M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D.A. at 17 1/2 % for Sr.; 35/- for Jr. Fr. Qr./H.R.A. Pen.	100-5-150 M.A. 30/- plus 10/* U.A. 40/- p.a. D.A. 1/3 of 40/- Dh. A. nil. Fr. Qr. @ Pen.
5. Staff Nurse (Female)	Sr. Nurse :- 100-7-135 — 8-175 Jun. Nurse : 70-6-130 M.A. 30/- Dh. A. 15/- for Sr. Nurse. Dh. A. 10/- for Junior Nurse. Free. Qrts.	45-5-75 80-5-120 (High Gr. Nur.) M.A. 10/- U.A. Uniform Dh. A. 2/- D. A. 33/- C.P.F./Pen.	105-165 (Matric) 75-165 (non-Matric) M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D.A. 28 to 35/- Fr. Qr./H.R.A. Pen.	50-3-80 M.A. 30/- plus 10/-* U.A. 30/- p.a. Dh. A. 2/8/- D. A. 30 to 40/3 Fr. Qr. @ Pen.

\* Temporary increase.  
@ Wherever available.



**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Post	Jammu and Kashmir	Travancore Cochin	Hyderabad	Saurashtra
6. Staff Nurse (Male)	Rs.  Nil	Rs. 45—5—75— 80—5—120 (High Gr. Nurse) M.A. 10/- U.A. Uniform Dh. A. 2/- D. A. 33/- C.P.F./Pen.	Rs. Matric 105—165 Non-Matric : 75—105—165 M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D.A. 28-35/- Fr. Qr./H.R.A. Pen.	Rs. 50—3—80  M.A. 30/- plus 10/-* U.A. 30/- p.a. Dh. A. nil. D.A. 1/3 of 30/- to 40 Fr. Qr. @ Pen.
7. Student Nurse (Female)	Stipend varies from 10 to 25/- M.A. 25/- U.A. 50/- p.a. Dh. A. 3/- D.A. nil. Fr. Qr.	Stipend 35/-  M.A. nil. U.A. 30/- p.a. Dh. A. 3/- D.A. nil. Quarters.	Stipend during 4 yrs. 32/8/ p.m. M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D.A. nil. Fr. Qr.	Stipend 10/-  M.A. 30/- plus *10/- U.A. 30/- p.a. Fr. Qr.
8. Student Nurse (Male)	Nil	Nil	Stipend during 4 yrs. 32/8/- p.m.  M.A. 30/- U.A. 75/- p.a. Dh. A. 2/8/- D. A. nil. Fr. Qr.	m.  Nil
9. Health Visitors.	No post	45—5—75 M.A. nil. U.A. nil. Dh. A nil. D.A. 33/- C.P.F./Pen.	105—4—165 —5—205 H.S. M.A. nil. U.A. Uniform. Dh. A. nil. D.A. 35/- H.S. Fr. Qr. Pen.	100—5—150  D.A. 40/-
10. Midwife	60—4—100 M.A. nil. U.A. nil. Dh. A. nil. D.A. nil. Pen.	30—3—45— 5—75 M.A. nil. U.A. nil. Dh. A. nil. D.A. 27 to 33/- P.F./Pen.	60—2 1/2— 1—75 M.A. nil. U.A. nil. Dh. A. nil. D.A. 28/- O.S. Fr. Qr. @ H.R.A./Pen.	50—3—80 (for qualified) M.A. 30/- plus 10/-* U.A. 30/- p.a. Dh. A. nil. D.A. 30 to 40/3 Fr. Qr. @ Pen.
11. House Keeper.	Nil	Nil	Nil	Nil

\* Temporary increase.

@ Wherever available.

SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.

Category of Posts	Jammu and Kashmir	Travancore-Cochin	Hyderabad	Saurashtra
12. Trained Dai	Rs. 50—3—80 M.A. Nil. Accommodation for night duty staff. U.A. Nil Dh. A. Nil D.A. Nil Pen.	Rs.  Nil.	Rs. 40—2/1—60 O.S. M. A. Nil. U.A. Nil. Dh.A. Nil. D. A. 18/- O.S. Pen. *Fr. Qr. H.R.A	Rs.  Nil.
13. Nurse Dai	Nil.	Nil.	Nil.	40—2—50— 3—65. M.A. Nil. U.A. 20/- p.a. Dh. A. Nil. D.A. 30—40/- Fr. Qr.* Pen.

Wherever available.

SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.

Category of Posts	Pepsu	Vindhya Pradesh	Himachal Pradesh	Bhopal
1. Matron .	Rs. 120—5—17 —8—250 M.A. 45/- U.A. Uniform Dh. A. nil. D.A. 50—60/- Fr. Qr.	R s. 20—10—300 D.A. 35—40/- Free washing Fr. Qr.* Pen.	Rs. 250—10—350 M.A. 2/4/- per diem U.A. 15/- Dh. A. Nil †D.A. 50 to 55/- Fr. Qr./H.R.A. Pen. plus board.	Rs. 200—10—300 M.A. } U.A.: } 30/- Dh. A. Nil. D.A. 40/- Fr. Qr. Pen.
2. Assistant Matron	Nil.	No Post.	Nil.	Nil.
3. Sister Tutor.	150—10—250 M.A. 45/- D.A. 50—60/- Fr. Qrs.	175—10—225 D.A. 35—40/- Free washing Fr. Qr.* Pen.	170—10—250 M.A. 2/4/- per diem U.A. 15/- D.A. 45/- Dh. A. Nil. Fr. Qr./H.R.A. Pen.	175—10—225 M.A. } U.A. } 30/- Dh. A. Nil. D.A. 35/- Fr. Qr. Pen Nil.
4. Sister .	100—5—150 M.A. 45/- U.A. Uniform Dh. A. Nil. D.A. 45—50/-	175—10— D.A. 35—40/- Free washing Fr. Qr.* Pen.	No Post	175—10—225 M.A. } U.A.: } 30/- Dh. A. Nil. D.A. 35/- Fr. Qr. Pen.
5. Staff Nurse (Female)	60—5—100 M.A. 25/- U.A. Uniform Dh. A. 5/- D.A. 45/- Fr. Qr. if available.	105—5—130 —E.B—5—160 D.A. 33/- Fr. Qr.* Free washing Pen.	60—5—100 M.A. 30/- plus As. -/8/- per diem. U.A. 10/- Dh. A. Nil. †D.A. 35/- Fr. Qr./H.R.A. Pen. ‡C.A.	80—5—130— 5—160 Starting pay 105/- Plus M.A. } U.A. } 28/- Dh. A. Nil. D.A. 33/- Fr. Qr. Pen.
6. Staff Nurse: (Male)	35—2—75 M. A. Nil U.A. Uniform Dh. A. Nil D.A. 35—45/-	Nil.	60—5—100 M.A. 30/- Plus As. 8 per U.A. 10/- D.A. 35/- Fr. Qr./H.R.A. Pen. ‡C.A.	80—5—130 —E.B.—5—160. M.A. & U.A. 28/- Dh. A. Nil. D.A. 33/- Fr. Qr. Pen.

\* Free furnished quarters and light and water given

† Half of the d.a. allowed if Messing & board allowances are drawn.

‡C.A.—Compensatory allowance at Mashobra and Simla.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Pepsu	Vindhya Pradesh	Himachal Pradesh	Bhopal
7. Student Nurse (Female)	Rs. 1st yr. 15/- p.m. 2nd yr. 20/- 3rd yr. 25/- p.m.  M.A. 25/- U.A. 100/- p.a. D.A. 5/- D.A. Nil.	Rs. Stipend 30/- p.m. D.A. 26/-	Rs. Stipend 1st yr. 25/- p.m. Stipend 2nd yr. 30/- p.m. Stipend 3rd yr. 50/- p.m. M.A. Re. 1/- per diem. D.A. 25/-	Rs. 1st yr. 30/- 2nd yr. 40/-  M.A. & U.A. 18/- Dh. A. Nil.  D.A. 26/- Fr. Qr.
8. Student Nurse (Male)	Nil.	Nil.	Nil.	Nil.
9. Health Visaitor	100—5—150 70—4—110 (Male) M.A. } U.A. } Nil. Dh. A. } D.A. 50/- Conv. Allice:— 5/- for males 25/- for females	120—5—150  M.A. Nil U.A. Nil. Dh. A. Nil D.A. 33/- Fr. Qr. Pen.	75—5—120  M.A. Nil U.A. Nil. Dh. A. Nil. D.A. 35/- Pen. †C.A.	50—100  Tonga allowance 30/- D.A. 33/- Fr. Qr. Pen.  Dh. A. nil.
10. Midwife	No Post	45—2 1/2—50— 2—80  D.A. 33/- Dh. A. 1/- U.A. 50/- p.a. Fr. Qr. or 10/- H.R. Pen.	Rs. 35—1—50  M.A. Nil U.A. Nil Dh. A. Nil. D.A. 25/- Pen.	45—2 1/2—50— 2—60—EB.— 2—80 M.A. Nil. U.A. Nil Dh. A. Nil. D.A. 33/- Pen. Fr. Qr. (un- furnished)
11. House Keeper	Nil.	70—5—110— E.B.—5—150 D.A. 33/- Pen.	Nil.	Nil.
12. Trained Dai	25—1—35  M.A. Nil. U.A. Nil Dh. A. Nil. D.A. 35/-	Med. Deptt. 45—3—75 P.H. Deptt. 25—2—45 D.A. Med. Dep. 33/- D.A.P.H. Dept. 21/- *Fr. Qr. Pen.	25—1—35  D.A. 25/- Pen. †C.A.  Fr. Qr.	30—1—40—EB. —1—50  D.A. 26/- Pen.
13. Nurse Dai	Rs. 40—2—60 M.A. 25/- U.A. Nil Dh. A. 5/- D.A. 35—45	Rs. 25—2—45 D.A. 21/- or 26/- or 33/- Fr. Qr. Pen.	40—2—60 U.A. 5/- (when employed in Distt. Hospital). D.A. 25/- Fr. Qr./H.R.A. Pen. †C.A.	Nil.

†Compensatory Allowance at Mashobra and Simla.

\*If available.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Delhi	Coorg	Ajmer	Bilaspur
<b>1. Matron</b>	<p align="center">Rs.</p> <p>320—20—400 —25—450. 320—20—400.</p> <p>M. A. 55/- U. A. 150/- p. a.</p> <p>Dh. A. 4/8/- D. A.—50 % of sanctioned rate. Fr. Qr. P. F.</p>	<p align="center">Rs.</p> <p>150—7—185 —5—225.</p> <p>M.A. Nil. U.A. 75/- p.a. Dh. A. 3/- p.m. D. A. 55/-</p> <p>Fr. Qr. Pen./G.P.F.</p>	<p align="center">Rs.</p> <p>320—20—400.</p> <p>M.A. Nil. U. A. 100/- p.a. Dh. A. Nil. D. A. 70/-.</p> <p>Fr. Qr. †P.F./Pen.</p>	<p align="center">Rs.</p> <p align="center">No post.</p>
<b>2. Assistant Matron.</b>	<p>200—10—300.</p> <p>M. A. 45/-. U. A. 100/- p.a. Dh. A. 4/8/-. D. A.—50% of sanctioned rate. Fr. Qr. P. F. City Allowance Rs. 10/-.</p>	Nil	<p>200—10—300.</p> <p>M. A. Nil. U. A. 75/- p.a. Dh. A. Nil. D. A. 65/-. G.P.F./Pen. Fr. Qr.†</p>	Nil
<b>3. Sister Tutor</b>	<p>200—10—300.</p> <p>M. A. 45/-. U. A. 100/- p. a. Dh. A. 4/8/-. D. A. 50% of sanctioned rate. Fr. Qr. P. F. City Allowance Rs. 10/-.</p>	No post	<p>200—10—300.</p> <p>M. A. 10/-. U.A. 75/- p. a. Dh. A. 4/8/-. D. A. 60/-. G.P.F. Fr. Qrs.</p>	No Post
<b>4. Sister</b>	<p>150—7—185— 8—225.</p> <p>M. A. 45/-. U. A. 85/-. Dh. A. 4/8/-. D. A. —50% of sanctioned rate. Fr. Qr. P. F. City Allowance Rs. 10/-.</p>	No post	<p>150—7—185 —8—225.</p> <p>M. A. Nil. U. A. 75/- p.a. Dh. A. Nil. D. A. 55 to 65/-</p> <p>G.P.F./Pen.</p>	No Post

\*V. Z. Hospital ; Delhi Rs. 200—10—300.

I. D. I. B. Hospital, Delhi 150—7—185—8—225

† Only to Asst. Matron of K. G. V. Memorial Mat. Home Ajmer.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Delhi	Coorg	Ajmer	Bilaspur
5. Staff Nurse (Female)	<p align="center">Rs. 100—5—125— 6—185. ‡</p> <p>M. A. 30/-. U. A. 6/4/-. Dh. A. 4/8/-. D. A. 50/-. Fr. Qr. P. F. City Allowance 5—7/-</p>	<p align="center">Rs. Sen. Nurse : 80—4—120— 5—160. Junior Nurse : 50—2½—70—3— 100 M. A. Nil. U. A. 75/- p. a. Dh. A. 3/- D. A. 50 and 40/-. Fr. Qr. Pen./G.P.F.</p>	<p align="center">Rs. 100—5—125—6 —185.</p> <p>M. A. Nil. U. A. 75/- p. a. Dh. A. Nil. D. A. 50 to 60/- H.R.A. at Ajmer. proper. P. F./Pen.</p>	<p align="center">Rs. 60—5—100.</p> <p>M. A. 30/- + 1/-. per diem. U. A. 10/-. Dh. A. Nil. D. A. 17/8/-. Fr. Qr./H.R.A. P. F./Pen.</p>
6. Staff Nurse (Male)	<p align="center">100—5—125—6 185.</p> <p>M. A. 30/-. U. A. 6/4/-. Dh. A. 4/8/-. D. A. 50/-. H.R.A. P. F. City Allowance 5—7/-</p>	<p align="center">Senior Nurse : 80—4—120— 5—160. Junior Nurse 50—2½—70—3— —100. U. A. 75/- p. a. Dh. A. 3/-. D. A. 50 &amp; 40. G.P.F./Pen.</p>	<p align="center">100—5—125— 6—185.</p> <p>M. A. Nil. U. A. 75/- p. a. Dh. A. Nil. D. A. 50 to 60/- H.R.A. at Ajmer proper. Pen./G.P.F.</p>	<p align="center">50—3—80/4— 100.</p> <p>M. A. Nil. U. A. 10/-. Dh. A. Nil. D. A. 30 to 40/- Fr. Qr./H. R. A. Pen./P.F.</p>
7. Student Nurse (Female)	<p>Ist yr. 15/-. 2nd yr. 20/-. 3rd yr. 25/-. 4th yr. 30/-. M. A. 30/-. U. A. 3/12/-. Dh. A. 4/8/-. D. A. 40/-. Fr. Qr. ; City Allowance 3/-.</p>	Nil.	<p>Ist yr. 15/-. 2nd yr. 20/- 3rd yr. 25/-.</p> <p align="right">} Stipend</p> <p>M. A. 30/-. U. A. 45/- p. a. Dh. A. 4/8/-. D. A. 40/-. Fr. Qrts.</p>	Nil.
8. Student Nurse (Male)	Nil	Nil	Nil	Nil
9. Health Visitor	<p align="center">100—5—125— 6—185† . 80—4—120—5 —150.†</p> <p>M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 50/-.</p> <p>Fr. Qr./G.P.F. Pen. Free Conveyance.</p>	No Post	<p align="center">100—5—125— 6—185.</p> <p>M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 50/- to 60/-. H.R.A. at Ajmer proper. P.F./Pen.</p>	<p align="center">75—5—120.</p> <p>M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 40/-. F.A. 30/- Fr. Qr. P.F./Pen.</p>

*Delhi State* :— Public Health Nurse :—Rs. 150—7—185—8—225 ; M.A. 35/- ; U. A. 75/- p. a. ; Dh. A. 4/8/- ; D.A. As under rules. Fr. Qrts./H.R.A.

†At Najafgarh Health Unit.

‡At displaced persons' Colonies.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Delhi	Coorg	Ajmer	Bilaspur
10. Midwife	Rs. 55—3—85—4—105. M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 50/-. G.P.F./Pen.	Rs. 35/- D. A. 40/-. Fr. Qr. Pen. in some cases.	Rs. 40—1—50—2—60. M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 40 to 50/- H.R.A. at Ajmer proper. G.P.F./Pen.	Rs. Untrained : 40—2—60. Trained 55—3—85—4—105. M. A. Nil. U. A. nil. Dh. A. Nil. D. A. 40/- for trained D. A. for untrained. 30 to 40 P. F./Pen.
11. House Keeper	150—7—185—8—225. (Home Sister.) M. A. 45/-. U. A. 8/5/-. Dh. A. 4/8/- D. A. 27/8/-. Free Quarter City Allowance Rs. 10/-. G.P.F.	Nil	150—7—185—8—225. (House Sister). M. A. 15/-. U. A. 75/- p.a. Dh. A. 4/8/- D. A. 55/-. G.P.F./Fr. Qr.	Nil*
12. Trained Dai	40—1—50—2—60† 35—1—50.‡ D. A. 40/-. ‡Fr. Qr./G.P.F. Pen.	Nil	40—1—50—2—60. D. A. 40 to 50/-. H.R.A. at Ajmer proper. Pen./G.P.F.	35—1—50. D. A. 25/-. P. F./Pen.
13. Nurse Dai	55—3—85—4—105. U. A. 5/-. D. A. 50/-. Fr. Qr./H.R.A. G.P.F.	Nil	40—1—50—2—60. D. A. 40 to 50/-. H.R.A. at Ajmer proper Pen./G.P.F.	30—½—35. D. A. 25/-. P. F./Pen.

‡At Najafgarh Health Unit.

†In displaced persons' Colonies.

**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO  
NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Kutch	Manipur	Tripura	An daman and Nico bar Islands
1. Matron .	Rs. 185—5—250. D. A. As per existing scales. Pen.	Rs.  No Post]	Rs.  No Post	Rs. 300—20—400 —25—450. M. A. 75/-. U. A. 100/- p.a. Dh. A. Nil. D.A. 43/-. Fr. Qr. P. F./Pen.
2. Assistant Matron	No post	No Post	Nil	Nil
3. Sister Tutor.	No post	No post	No post	No post.
4. Sister .	85—5—110. M. A. Nil. U. A. Nil. Dh. A. Nil.  D. A. (Usual rate). Pen.	140—5—190. M. A. 50/-. U. A. 100/- 1st year; Rs. 40/- p. a. thereafter. Dh. A. 2/-. D. A. } Admis- Pen. } sible. Fr. Qr. }	No. post	200—10—300.  M. A. 75/-. U. A. 100/- p.a.  Dh. A. Nil. D. A. 35/-. Fr. Qr. P. F. Pen.
5. Staff Nurse (Female)	75—5—100.  M. A. Nil. M. A. 75/- p.a. Dh. A. Nil. D. A. (Usual rate). Pen.	40—2—50—60  50—1—70—5— 100*. M. A. 30/-. Dh. A. 2/-. D. A. 15 to 18/-. U. A. 75/- 1st yr; 30/- p. a. thereafter. Fr. Qr. Pen.	Sr. 130—5—180 Jr. 90—4—130.  M. A. 30/-. U. A. 5/-. Dh. A. 5/-. D. A. 45 & 40/- Fr. Qr. P. F. (Not Compul- sory)/Pen.	No post.
6. Staff Nurse (Male).	No post.	Nil	Nil	100—5—125 —6—185.  M. A. 75/-. U. A. 50/- p.a. D. A. According to Cent. Govt. Scales. Fr. Qrts.**  G.P.F./Pen. Ac- cording to Cent. Govt. Rules.

\*Revised scale.

\*\*For persons recruited from mainland.



**SCALES OF PAY, ALLOWANCES, AND OTHER CONCESSIONS ADMISSIBLE TO NURSING STAFF IN PART A, B, C AND D STATES IN INDIA.—Contd.**

Category of Posts	Kutch	Manipur	Tripura	Andaman and Nicobar Islands.
7. Student Nurse (Female).	Rs. Stipend 30/-	Rs. Nil	Rs. Nil	Rs. Nil
8. Student Nurse (Male).	No post.	Nil	Nil	Nil
9. Health Visitor	80—5—100. D. A. As per existing rules. Pen.	80—5—120—6—150. M. A. } Nil U. A. } Dh. A. } D. A. As admissible. Pen. Conveyance allowance on Govt. specific sanction 5—15/-	90—40—130. D. A. 40/-. P. F. (Not compulsory). Pen.	150—7—185—8—225. M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 60/-. Fr. Qr. P.F./Pen.
10. Midwife	No post.	25—2—35 *45—2—65—3—80. M. A. Nil. Dh. A. 2/-. D. A. 16/- Fr. Qr. /Pen. U. A. 20/- p.a.	75—5—125—E.B.—5—150. Rs. 60—3—90. Rs. 50—4—90. M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 40/- & 30/- Fr. Qr. / H.R.A. **P. F./Pen.	100—5—125—6—185. M. A. Nil. U. A. Nil. Dh. A. Nil. D. A. 55/-. Fr. Qr. Pen./P.F
11. House Keeper	No post.	Nil	Nil	Nil
12. Trained Dai	20—2—40. D. A. As per existing scales. Pen.	Nil	30—3—60. D. A. 30/-. P. F. **Pen.	Nil
13. Nurse Dai	20—1—27. D. A. As per existing scales. Pen.	Nil	Nil	Nil

\*Revised scale.

\*\*Not compulsory





